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Mental Illness and Prison Reentry in a High Risk Context

Abstract

Reentry programs for persons with serious mental illness (SMI) leaving jails or prisons have produced mixed results (Chandler & Spicer, 2006), including those for evidence-based treatments (EBT). These interventions occur in the complex nexus of the mental health and criminal justice systems and the effects of the intervention can be facilitated or constrained by the environment in which they operate (Smith, Jennings, Cimino, 2010; Solomon and Draine, 1995; Weisman, Lamberti, & Price, 2004). This dissertation explores how the economic, social, physical, and political factors that comprise the risk environment interact with an EBT for persons with SMI and contribute to poor outcomes for this population. Utilizing a multi-informant, multi-perspective framework, in-depth interviews were conducted with 28 participants and 6 staff members involved in a randomized field trial testing the effectiveness of Critical Time Intervention (CTI) for men with mental illnesses leaving prison in New Jersey. Participants completed between one and five interviews (total, 38 interviews) in order to capture the different stages of reentry. Other data collection methods included observation through attending team meetings and conducting go-along interviews and document analysis through reviewing team meeting notes and client progress notes. The risk environment posed significant challenges for participants in acquiring basic needs, including income and housing, as punitive public and social policies excluded resources to individuals based on their criminal history. These policies played within an environment with multiple opportunities to engage in illegal activities under heightened criminal justice scrutiny, but few prosocial opportunities. Case managers were also challenged to provide resources under this context and relied on emotional support as a primary component of their work. A combination of individual, interpersonal, and environmental factors combined to produce risk for reincarceration and also impinged on the intervention possibly undermining its effectiveness. As EBTs are disseminated widely, adapted to different settings, and applied to new populations, there are more opportunities for their effectiveness to be undermined by the noise of real-world settings. The risk environment in certain high-risk communities needs to be addressed or else they little chance of improving the lives of those we seek to help.

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MENTAL ILLNESS AND PRISON REENTRY INTERVENTION IN A HIGH RISK CONTEXT

Stacey L. Barrenger

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in

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DEDICATION

This is dedicated to my husband, Donald Eric Pratt, who not only provided unconditional support through this process, but, in addition, he is a willing, eager, and enthusiastic partner in this adventure we call life. I also dedicate this to my dog, Shaw, a constant partner during long days of analysis and writing. She is always ready to remind me of the importance of soaking up the sun and the healing powers of a good walk.

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ABSTRACT

MENTAL ILLNESS AND PRISON REENTRY INTERVENTION IN A HIGH RISK CONTEXT

Stacey L. Barrenger

Ezekiel Dixon-Román

Reentry programs for persons with serious mental illness (SMI) leaving jails or prisons have produced mixed results (Chandler & Spicer, 2006), including those for evidence-based treatments (EBT). These interventions occur in the complex nexus of the mental health and criminal justice systems and the effects of the intervention can be facilitated or constrained by the environment in which they operate (Smith, Jennings, Cimino, 2010; Solomon and Draine, 1995; Weisman, Lamberti, & Price, 2004). This dissertation explores how the economic, social, physical, and political factors that comprise the risk environment interact with an EBT for persons with SMI and contribute to poor outcomes for this population. Utilizing a multi-informant, multi-perspective framework, in-depth interviews were conducted with 28 participants and 6 staff members involved in a randomized field trial testing the effectiveness of Critical Time Intervention (CTI) for men with mental illnesses leaving prison in New Jersey. Participants completed between one and five interviews (total, 38 interviews) in order to capture the different stages of reentry. Other data collection methods included observation through attending team meetings and conducting go-along interviews and document analysis through reviewing team meeting notes and client progress notes. The risk environment posed significant challenges for participants in acquiring basic needs, including income and housing, as punitive public and social policies excluded resources to individuals based on their criminal history. These policies played within an environment with multiple opportunities to engage in illegal activities under heightened criminal justice scrutiny, but few prosocial opportunities. Case managers were also challenged to provide resources under this context and relied on emotional support as a primary component of their work. A combination of individual, interpersonal, and environmental factors combined to produce risk for reincarceration and also impinged on the intervention possibly undermining its effectiveness. As EBTs are disseminated widely, adapted to different settings, and applied to new

populations, there are more opportunities for their effectiveness to be undermined by the noise of real-world settings. The risk environment in certain high-risk communities needs to be addressed or else they little chance of improving the lives of those we seek to help.

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CHAPTER 1

The number of persons with mental illness in jails and prisons is alarming (Torrey, 1997). Fifteen percent of men in jail have a serious mental illness (Steadman, Osher, Robbins, Case, & Samuels, 2009) and up to 24% of persons in state or federal prisons have received mental health services in the year prior to their incarceration (James & Glaze, 2006), yet only 2% of the US population has a serious mental illness. In addition to incarceration, persons with mental illness experience high rates of reincarceration (Cloyes, Wong, Latimer, & Arbarca, 2010; Lovell, Gargliardi, & Peterson, 2002), which is a return to jail or prison once released. This overrepresentation of persons with mental illness in the criminal justice system is given by some as proof of the failure of deinstitutionalization and the criminalization of persons with mental illness (Abramson, 1972; Teplin, 1990; Torrey, 1997). However, it is problematic to blame a 50-year-old policy for the incarceration of persons with serious mental illness (SMI) today as this overlooks other important policies and practices occurring more recently and impacting the numbers of persons with SMI involved in the criminal justice system. The devolution of the public mental health system into a fragmented system of care, the rise of mass incarceration, and the retrenchment of social insurance has left many people with SMI with few treatment options, few places to live, and under the criminal gaze. While community mental health was never fully funded or developed, other social welfare and criminal justice policies have contributed to developing an environment that heightens exposure to risk. Since the 1980s social welfare benefits have been restricted in a number of ways that have changed the nature of the safety net from one based on cash assistance to one primarily based on providing service (Allard, 2009). During the same time period, changes in the criminal justice system guaranteed that more people would be incarcerated and for longer periods. In addition to changes in laws, this population has more substance use that contributes to their increased contact with the criminal justice system. Finally, many persons with SMI are living in concentrated urban areas with high rates of crime and drug use, but with few community supports or access to resources. These risk environments pose additional challenges to the well being of people with mental illnesses, and increases their risk of being incarcerated.

Explanatory Discourses: Criminalization Hypothesis and Fundamental Causes

One explanation for the overrepresentation of persons with SMI in the criminal justice system is known as the criminalization hypothesis. This explanation poses that persons with SMI who are experiencing psychiatric symptoms in the community are being arrested instead of being offered treatment; therefore mental illness is being criminalized (Abramson, 1972). This explanation overlooks other factors that may contribute to a person's arrest, but it also deficient in other ways. For the last 20 years interventions for this population such as police diversion, mental health courts, and specialized parole or probation primarily have focused on linking individuals with SMI in the criminal justice system to mental health services. The contribution of other factors than lack of treatment on the incarceration of this population has largely been unexplored. Most studies attempting to explain incarceration for this population focus on individual level factors and have not adequately taken into account other structural or environmental factors. Two useful frameworks for including these other potential factors leading to incarceration are *fundamental causes* and the *risk environment*. Understanding how these factors may play a role in incarceration could help a) to develop effective interventions for this population and 2) to determine for whom certain interventions may be most effective.

Dominant Discourse: Criminalization Hypothesis

The criminalization hypothesis has been the dominant discourse for over 40 years and has provided an explanatory framework for the occurrence of persons with SMI in prison and jails, and also an instructive framework on how to address this problem. This hypothesis posits that the policy of deinstitutionalization, lack of proper funding for community mental health programs, and more stringent commitment laws have contributed to the increased admissions to the criminal justice system for persons with SMI (Lamb, Weinberger & Gross, 2004; Torrey, 1997). Lack of proper community care and less availability of state psychiatric hospital beds have made jails and prisons out to be *de facto* mental health providers (Lamb & Weinberger, 2005). Proponents of this discourse see the decline in the number of persons in state psychiatric hospitals and the increase in the number of persons with SMI in prisons and jails as related events because they occurred during similar time periods (Lamb, Weinberger, & Gross, 2004; Prins, 2011). This view also

assumes that the population of people needing inpatient services is the same as the population of people with SMI who end up in prisons and jails (Prins, 2011).

While it is natural to see the correlation between decreasing state psychiatric beds and rising numbers of persons with SMI in the criminal justice system, a closer examination of data reveals that these two occurrences may not support an argument for a direct cause of incarceration of people with mental illnesses. First of all, the population of people who used to be institutionalized were white, middle-aged, and had schizophrenia and the population of people with SMI in prison are more likely to be African-American, under the age of 30, and have a wider range of diagnoses (Prins, 2011). Also the rate of persons with SMI within the criminal justice system as a proportion of all incarcerated has been fairly stable over the past 50 years, but the share of persons with SMI in the criminal justice system varies with the overall incarceration rate (Frank & Glied, 2006). Since 1990 the share of persons with SMI who are incarcerated has increased, but this more likely a function of criminal justice policies and would have affected those with SMI in the community even if deinstitutionalization had not occurred (Frank & Glied, 2006).

The dominance of the criminalization hypothesis as the framework for understanding mental illness in the criminal justice system has led to a strong preference for policies and practices that emphasize linkage of people to mental health services as a means to keep people with SMI out of the criminal justice system. These policies and practices operate under the premise that if people are linked to mental health services, then they will not have contact with the criminal justice system. Specialized court or probation services where engagement with mental health services are a condition of being diverted from a jail sentence or a condition of maintaining early release from jail or prison are examples of programs based on the criminalization hypothesis (Lamb, Weinberger & Gross, 2004; Rock, 2001). Because the logic of criminalization hypothesis is based on persons with SMI not getting mental health services and then displaying symptomatic behavior or engaging in nuisance crimes that bring them to the attention of the police, these programs tend to target offenders willing to admit their guilt and/or recognize the need for treatment (Draine, Blank Wilson, Pogorzelski, 2007). This rationale does not recognize that persons with SMI may commit crimes for other reasons such as stealing to provide for basic

needs or using drugs to control symptoms. It also limits the number of persons with SMI within the criminal justice system that are eligible for these diversion or reentry services that provide access to psychiatric treatment.

Research on the effectiveness of diversion programs, mental health courts, and re-entry programs has been mixed. Studies have shown that these programs are successful in connecting individuals to mental health services, but that these programs are not successful in reducing criminal or psychiatric recidivism (Draine, Blank Wilson, Pogorzelski, 2007; Loveland and Boyle, 2007; Martin, Dorken, Wamfoldt, & Wooten, 2011; Morgan, Flora, Kroner, Varghese, & Steffan, 2011; Skeem, Manchak, & Peterson, 2011). These findings suggest that the increasing numbers of persons with SMI within the criminal justice system is not due to lack of mental health treatment alone, but larger social forces affecting their community tenure.

Alternative Discourse: Fundamental Causes Explanation

A contrasting discourse is the *fundamental causes* explanation in which Link and Phelan (1995) posit social conditions as fundamental causes for disease. While this framework has primarily been used to explain disease or health outcomes, it is also a useful framework to examine a social process like incarceration. Social conditions are distal factors encompassing any type of social relationship that often gets overlooked in health research. Instead, researchers tend to focus on the more proximal, or intermediary causes, which are individual level factors that seem mutable and therefore worthy intervention foci. These social conditions can include relationships with others, social or economic position in society, or a stressful event such as the death of a loved one. These fundamental social causes also include access to resources that can help to eliminate or minimize risks and allow one to deal with a disease when it does occur (Phelan, Link, Tehranifar, 2010). Resources can be money, knowledge, power, or prestige and commonly operate within social support and social networks. For example, people with lower socio-economic status (SES) tend to have higher rates of obesity and diabetes. Interventions at the proximal level may focus on educating people about proper nutrition and diet. However, this approach overlooks the more distal causes that many people of low SES live in food deserts

meaning they have relatively little access to affordable, nutritious food. If interventions are only focused at the individual level, they will most likely fail.

Link and Phelan (1995) propose that keeping a focus on fundamental social causes instead of the more clinically oriented proximal causes starts with contextualizing the risk factors by taking in to account people's life circumstances that shape their exposure to certain risk or protective factors. Contextualizing risk factors will help to determine the social conditions that enhance risks and the social conditions that do not contribute to individual risks.

The fundamental causes explanation can contribute to our understanding of the high incarceration rates of persons with SMI. Much of the research in this area has focused on proximal (or individual) causes of incarceration or reincarceration like disengagement with mental health treatment or substance use. The current research overlooks the distal causes that contribute to these increased risks, such as environmental factors that make it difficult for one to avoid drug use.

Other social and economic factors can create environments that increase opportunities for arrest, incarceration, and reincarceration. For example, in the 1960s and 1970s social welfare policies like the establishment of Medicaid, Medicare, Social Security Disability Income (SSDI), and housing policies through Housing and Urban Development played an enormous role in transferring the care of many persons with SMI from state psychiatric hospitals to the community by providing a means to pay for housing and treatment in the community (Clarke, 1979; Gronfein, 1985; Mechanic & Rochefort, 1990). But since the 1980s the benefits associated with these policies have been reduced through narrowing eligibility for entitlements, decreasing funding for programs, and eliminating programs (Allard, 2009; Bachman, Brainoni, & Tobias, 2004; Frank & Glied, 2006; National Coalition for the Homeless, 2006). Conversely, the effects of the retrenchment of these policies over the past 20 years and its impact on this marginalized population have been largely unexplored.

Just at the time that more people with SMI were living in the community, criminal justice policies at every stage of criminal processing (arrests, arraignment, conviction, and sentencing) resulted in increases in arrest rates, prison admissions, and time served (Alexander, 2010;

Western, 2006). Over the past thirty years, the United States incarceration rate has increased significantly, rising to 700 per 100,000 people currently from a low of 100 per 100,000 in the late 1960s (Gottschalk, 2006, pp. 1-5). Policy changes in the 1970s established sentencing guidelines and mandatory minimum sentences for judges to follow (Alexander, 2010; Western, 2006). Three-strike laws and truth-in-sentencing laws in many states followed these policies during the 1990s (Western, 2006). These policy changes resulted in higher percentages of people arrested for crimes are being imprisoned and staying in prison for longer time periods (Western, 2006). Lastly, the arrests related to the War on Drugs are responsible for 2/3 of rise in federal prison rates and half of the rise in state prisons (Alexander, 2010). While these tough on crime policies disproportionately affect poor, uneducated, black males (Western, 2006), persons with SMI share many of these characteristics. People with SMI live in urban areas in which many of these crime policies are targeted. It is more likely that they are getting caught in the ever-widening net of mass incarceration rather than being targeted for their mental illness.

The Risk Environment

Using the risk environment framework from public health research (Rhodes, Singer, Bourgois, Friedman, & Strathdee, 2005) is one way to contextualize the distal factors highlighted in the fundamental causes explanation that may contribute to an increase in health risks and facilitate reincarceration for persons with SMI. The risk environment framework has been successful in identifying public health policies that may negatively impact the health of persons who use IV drugs and promote HIV transmission. The risk factors examined under the risk environment framework are not individual traits, but political, economic, social, or physical aspects that operate at an individual or community level (Rhodes & Simic, 2005). Table 1 outlines some of the ways the risk environment may impact community reentry for individuals leaving prison. Restrictions on eligibility for Medicaid or other benefits due to certain criminal offenses impact the individual's ability to gain stable housing or treatment (Nelson, Dess, & Allen, 1999). Employment norms screen out people with felony convictions, pushing individuals back to illegal activities for income generation. Peer and social norms may require that individuals living

with family members find a way to contribute to household income. All of these factors have the potential to interfere with a smooth community transition.

Table 1. Risk Environment Operating at Individual and Community Levels

Type	Individual Level	Community Level
Physical	Day Reporting Centers	Areas of Concentrated Poverty
Social	Peer and Social Norms	Social Inequalities
Economic	Income Generation	Employment norms and practices
Policy	City Shelter Regulations	Policies governing public benefits

The fundamental causes explanation points to political and economic structures that the criminalization hypothesis overlooks in order to account for the high rates of persons with SMI involved in the criminal justice system. These diverse discourses provide different ways of framing the issue and lead to divergent policy solutions. Policies and practices stemming from the criminalization hypothesis tend to focus on connecting people to existing mental health services primarily through the establishment of mental health courts or through other diversion programs prior to arrest. The fundamental causes explanation requires a more comprehensive response to this problem and requires an exploration of the political, economic, social, and physical risk environment that compromises community tenure for persons with SMI.

Reentry Interventions

In line with the criminalization hypothesis, interventions for persons with SMI reentering the community from prison have built upon evidenced-based treatments (EBTs) that are successful in keeping people out psychiatric hospitals or homeless shelters. For instance, case management interventions, like assertive community treatment (ACT) that has shown to reduce psychiatric hospitalizations and decrease symptoms in many research trials (Morrissey, Meyer, & Cuddeback, 2007) or integrated dual disorders treatment (IDDT) that has been effective in

treating persons with co-occurring disorders, are EBTs that have been adapted for persons with SMI involved in the criminal justice system. However these programs have not been adapted for the criminal justice involved population in similar ways making evaluation between programs difficult (Morrissey, Meyer, & Cuddeback, 2007). Additionally, these EBTs have had mixed results at preventing reincarceration (Chandler & Spicer, 2006; Morrissey, Meyer, & Cuddeback, 2007). Successful jail reentry interventions have combined EBTs with a residential component (Smith, Jennings, Cimino, 2001; Weisman, Lamberti, & Price, 2004), included integration among service systems (Richie, Freudenberg, & Page, 2001; Weisman, Lamberti, & Price, 2004), or operated in service rich environments (McCoy, Roberts, Hanharan, & Luchins, 2004) boosting the effects of the intervention. Conversely, when EBT case managers saw their role as an extension of the legal system or lacked resources for obtaining treatment, higher monitoring led to increases in reincarceration (Solomon & Draine, 1995).

Several meta analyses have examined interventions for those with mental illnesses involved in the criminal justice system (Martin, Dorken, Wamfoldt, & Wooten, 2011; Morgan, Flora, Kroner, Varghese, & Steffan, 2011; Skeem, Manchak, & Peterson, 2011) and have found limited support for reductions in criminal or psychiatric recidivism. Martin and colleagues' (2011) meta analysis found small effect sizes for criminal justice outcomes of arrests, time to failure, and violent crime and small to moderate effect sizes for mental health outcomes of functioning and symptoms. Overall, they found variation in effect sizes for outcomes among studies and they also found that those studies that were more rigorous meaning that controlled for biases, were rated of higher quality, and employed random sampling produced smaller effect sizes. In a review of both criminal justice system interventions and mental health system interventions, Skeem, Manchak, & Peterson (2011) found mixed evidence for a reduction in recidivism and mental health interventions had the weakest evidence. Developing more comprehensive interventions that take in to account both individual level factors, such as criminogenic risk, and environmental factors, such as social disadvantage may produce better outcomes for individuals (Epperson, Wolff, Morgan, Fisher, Frueh, & Huening, 2011).

Reentry interventions have to operate within the social context of the risk environment, yet little research has contextualized the local environment in which these interventions operate. Contextualizing the risk environment can provide insight into the application of EBTs within high-risk environments. Knowledge of these factors can aid in the development and dissemination of EBTs for persons with SMI leaving prison. Combining literature from criminology, public health, and social work on factors that have an impact on release from prison or jail for both the general population and the population of persons with SMI is a first step to understanding the risk environment that may impact EBTs. Most intervention models for persons with SMI involved in the criminal justice system have focused on jail populations. Prison reentry may operate differently as individuals have been separated from their families for longer periods of time and may be subject to more profound stigma in the community (Pager, 2007). Understanding the environmental factors that may boost or limit prison re-entry interventions for persons with SMI will assist in preventing reincarceration and improving quality of life and health outcomes for a vulnerable, multiple need population. The mixed results from previous research on specialized EBTs for persons involved in the criminal justice system suggest that preventing reincarceration may be a complex task and an examination of the risk environment is warranted.

Reentry Risks for Persons with SMI Leaving Prison

Leaving prison is perceived to be a more complicated process than leaving jail. Persons housed in jails are mostly either awaiting trial or have been convicted and are serving short-term sentences. Therefore, jail stays are shorter and less disruptive to a person's life. Jails are also housed in the communities in which people live. Conversely, prisons contain people who have been convicted, are serving longer sentences, and are removed from their communities and families. During long sentences it is difficult for families to keep in contact and community involvement from social service providers is rare. Leaving prison one may face an unfamiliar environment, fractured family ties, and few resources to aid in the transition. Returns to prison may be inevitable for some in the face of these challenges to a successful community reentry.

Recidivism

In criminal justice research, recidivism is an important outcome measure as one measure of the effectiveness of incarceration in deterring future crime for those who have been incarcerated (Pew Center on the States, 2011). Within the criminal justice field recidivism can be defined broadly to include any return to criminal behavior, or more narrowly to any new arrest, or to a conviction for a new offense after one has been released from prison (Langan & Levin, 2002). The Pew Center (2011) which completed the most recent, comprehensive review of national and state recidivism, defines the recidivism rate as “the proportion of persons released from prison who are rearrested, reconvicted or returned to custody within a specific time period” (p. 7). The typical time period for observation is three years from a release from prison or probation placement. People released from prison usually return due to a) committing a new offense or 2) a technical violation of parole supervision such as failing to keep in touch with the parole officer, failing a drug test, or not complying with mandated substance use or mental health treatment.

The Pew study (2011) computed recidivism rates for two time periods: 1999 and 2004. The recidivism rate for persons release in 1999 is 45.4% and is based on data from 33 states representing 87% of all releases from state prisons. The recidivism rate for persons released in 2004 is 43.3% and is based on data from 41 states representing 91% of all releases from state prisons. The study found variation in the recidivism rate across states and between states; many of these differences stem from differences in release and parole practices between states. Prior to this report, the last attempt at a national rate for recidivism was a report by the Bureau of Justice Statistics (Langan & Levin, 2002) based on information from 15 states on releases from state prisons in 1994. This report found that 51.8% of released individuals were back in prison due to a new offense or a technical violation. When comparing the rates of recidivism between the two studies, it appears that the recidivism rate has decreased but the difference in rates is related to the number of states used rather than a real change in the rate (Pew, 2011).

In a meta-analysis of 131 studies, Gendreau, Little, Goggin (1996) found a number of static and dynamic factors to be related to recidivism. Static factors related to recidivism include age, race, gender, criminal history, and family factors; and the dynamic factors associated with

recidivism include companions, social achievement, and criminogenic factors such as antisocial thoughts, behavior, and values. These findings show the contribution of both individual and interpersonal level factors on recidivism. The only community level factor reported was family socio-economic status which showed some correlation with recidivism, but less than the other factors. However, some of the individual level factors such as race and companions could also be proxies for community level phenomena.

In comparison to a population of persons without SMI, persons with SMI are charged with new crimes after release from prison at high rates (Lovell, Gargliardi, & Peterson, 2002) and return to prison sooner. Cloyes, Wong, Latimer, & Arbarca (2010) found that persons with SMI returned to prison on average 358 days earlier than persons without SMI (p. 182). This relationship was true for both parolees and non-parolees. Survival rates for committing a new felony offense show that 20% of persons released committed a new offense within 6 months and by three years, 40% had committed a new felony offense (Lovell, Gargliardi, & Peterson, 2002). However, another study (conducted in a state with higher recidivism rates than the national average) found 25% of persons with SMI were back in prison at 6 months and 60% had returned within one year (Cloyes, Wong, Latimer, & Arbarca, 2010).

Reincarceration

Most research on community tenure for persons with SMI recently released from jail or prison narrowly defines recidivism as *reincarceration*, the return to jail or prison for a new arrest or due to technical violations of parole or probation. Going forward, the term reincarceration will be used to distinguish a difference from the broader uses of the term recidivism. Studies have shown that lower rates of reincarceration are associated with number of psychiatric visits (Rivas-Vazquez, Sarria, Rey, Rivas-Vazquez, Rodriques, & Jardon, 2009; Theurer and Lovell, 2008), access to housing (Case, Steadman, DuPuis, and Morris, 2009; Theurer and Lovell, 2008), and coordination between service systems (Theurer and Lovell, 2009; Vogel, Noether, and Steadman, 2007). Higher rates of reincarceration are associated with having a co-occurring substance use disorder (Baillargeon, Williams, Mellow, Harzke, Hoge, Baillargeon, & Greifinger, 2009) and a criminal history (Case, Steadman, Dupuis, and Morris, 2009). Persons with co-occurring

disorders are at a higher risk of reincarceration than persons with mental illness only (Baillargeon, et al., 2009; Hartwell, 2004) or persons with substance abuse only (Baillargeon, et al., 2009). In fact persons with mental illness only stay out of jail longer than those with substance use only, those with co-occurring disorders, and those with no substance use or mental illness (Blank Wilson, Draine, Hadley, & Metraux, 2011; Blank Wilson, Draine, Barrenger, Hadley, & Evans, 2013).

Reincarceration rates are high in the general population, but on average returns to jail or prison occur sooner for persons with SMI and particularly if they also have co-occurring substance use (Hartwell, 2004; Baillargeon, et al., 2009). Swartz and Lurigio (2007) found that persons with SMI who also use substances have a higher risk of arrest for all types of offenses, except violent offenses. Reincarceration is a common outcome indicator in intervention studies for persons with SMI and studies on community reentry from prison and jail show little impact on reincarceration for this population (Draine, Blank Wilson, & Pogorzelski, 2007; Loveland and Boyle, 2007). Since reincarceration occurs sooner for persons with SMI and may be dependent on other environmental factors such as availability of community services, a closer examination of the pathways to reincarceration may be specifically informative for interventions for this population. By understanding the social and environmental factors contributing to reincarceration, interventions can be adapted to address these factors before reincarceration occurs.

Substance Use

Many persons with SMI also have a co-occurring substance abuse problem. The Substance Abuse and Mental Health Services Administration reports that 21% of persons with SMI were dependent on or abused drugs, whereas, only 8% of individuals without a mental illness were dependent on or had abused drugs (Buckley, 2006). The Epidemiologic Catchment Area Study found persons with schizophrenia or bipolar disorders were from 3 to 6 times more likely to abuse alcohol or drugs than people without a psychiatric disorder (Buckley, 2006). Over their lifetime, more than 50% of persons with a mental disorder will have a drug or alcohol abuse problem (Buckley, 2006). The use of drugs or alcohol leads to rehospitalization, violence, family

problems, homelessness, decreased functioning, and medication noncompliance (Drake & Wallach, 2000).

It is estimated that up between 60-90% of persons with SMI in jails and prisons have a co-occurring substance use disorder, yet studies examining the risk factors associated with reincarceration for persons with SMI do not always examine substance use as a factor (Theurer & Lovell, 2008). In the studies that include substance use as a risk factor, substance use is a larger risk factor than mental illness in accounting for reincarceration (Baillargeon, et al., 2009; Hartwell, 2004) or arrests for drug or property offenses (Swartz & Lurigio, 2007). A DOJ report (James, 2004) shows that 50% of current inmates reported being under the influence at the time of their arrest, yet little is known about the role substance use plays in the pathways to jail or prison. People may be intoxicated while committing crimes, committing crimes to support a drug habit, selling drugs to support a habit or make a living. Understanding these complex factors may help to understand the circumstances contributing to returns to prison or jail.

Substance use can also affect relationships with friends, family, and professional workers. These relationships are important in both the social support and physical support for persons coming out of prison. Pro-social social networks may become alienated once an individual relapses to using drugs or alcohol. This may lead to re-establishment of a drug-using social network, further alienating people who may provide positive social support. Substance use is a common precursor to all pathways of reincarceration; it requires a more serious examination to understand its direct and indirect effects in the process of returning to jail or prison. Interventions for this population should address the role of substance use as a risk factor for reincarceration. Instead of an abstinence-only approach, a harm reduction approach that typically attempts to minimize health risks for people using substances could also incorporate a harm reduction approach towards minimizing the criminal risks associated with substance use. For example, persons with SMI can minimize the criminal risk associated with their drug use if they refrain from using drugs in a public place or exercise more care in the situations they are exposed to when under the influence. Understanding and then addressing the multiple factors in which

people use or sell drugs may be a more effective approach in reducing reincarceration for this population.

Social Support

In general, persons with SMI tend to have social networks mostly comprised of family members, professionals or case managers, and peers with SMI (Angell, 2003). Hawkins and Abram (2007) found that persons with SMI have small social networks and people in their networks have little social capital, as they tend to have their own problems resulting from mental illness, substance use, and poor physical health. With limited access to resources, individuals returning to the community from prison must often rely on family or friends for support during this transition. However, reestablishing relationships with family members is also difficult for people with SMI upon returning to the community. They have been in prison for years, usually with little contact with their families. Reestablishing these ties can be difficult, stressful, and provide little in the way of social support. No research has examined the role of social support for persons with SMI leaving prison.

Research on prison reentry show that people leaving prison expect to have some social support from formal connections like social service providers and informal connections like family or peers upon returning to the community, yet they were also concerned about the possible negative influence of some informal social supports (Pettus-Davis, Scheyett, Hailey, Golin, & Wohl, 2009). Martinez and Christian (2009) found a reciprocal relationship amongst family members and newly released inmates. While family members provided both informational support and instrumental support, some family members and participants also expected the recently released inmate to reciprocate support. While family or friends may be able to provide some type of support upon one's return to the community, this support may be limited in nature or kind either through a lack of resources or an expectation of reciprocity. These relationships can be a source of negative influence. Understanding the tenuous nature of these relationships is tantamount to knowing the resources available to individuals leaving prison. Interventions aimed at keeping persons with SMI in the community need to fully understand the complex nature of these relationships.

Urban Areas

Many persons with SMI leaving state psychiatric hospitals in the 1970s and 1980s congregated to urban areas where there was cheap affordable housing, social welfare agencies, and a tolerance for their behavior (Dear & Wolch, 1987). These 'service dependent ghettos' segregated persons with mental illness to high poverty areas with poor housing stock. Recent research has found empirical support for the observation that persons with SMI tend to be living in concentrated areas of high poverty (Metraux, Caplan, Klugman, & Hadley, 2007). While persons with SMI are still concentrated in high poverty areas, social service providers are no longer concentrated in these areas as Allard (2009) found that areas with high poverty have 30% fewer service providers than areas with low poverty. These recent studies show that persons with SMI are residing in high poverty areas with fewer social service providers available; persons with SMI may be less able to access needed resources. These environmental factors can contribute to increased exposure to risks leading to incarceration for this population.

Homelessness

While the inner city provided some support for persons with SMI, the full range of services was lacking. Persons with SMI began appearing among the numbers of homeless in urban areas in the 1980s (Dear & Wolch, 1987; Frank & Glied, 2006). This subset of homeless consumes a large percentage of services due to the multitude of problems and lack of resources facing this group. People who are homeless face increasing health risks, exposure to violence, and exposure to arrest. The lack of affordable, accessible housing puts many persons with SMI at risk for homelessness; once on the streets they experience even more risk.

Despite knowing that there is a group of people who make the rounds of the *institutional circuit* meaning they cycle between psychiatric hospitals, jails or prisons, and homeless shelters (Hopper, Jost, Hay, Welber, & Haugland, 1997) since the late 1990s, only recently have there been attempts to understand the connection between homelessness and incarceration (Metraux, Roman, & Cho, 2008). Homelessness is found within the incarcerated population and incarceration is found within the homeless population. A Bureau of Justice Statistics (BJS) report

(James & Glaze, 2006) found that 19.5% of persons in state prisons were homeless prior to incarceration and 68% of those also had a mental health problem. Additionally, it has been reported that between 2-10.5% (Metraux, Roman, & Cho, 2008) of persons released from prison did not have a place to stay and went directly to a shelter upon release from prison. Among the homeless population between 23% and 49% have had contact with the criminal justice system (Metraux, Roman, & Cho, 2008). Metraux and Culhane (2006) found that 7.7% of New York City homeless population had been incarcerated in prison and of those 61.8% were in the homeless shelter system within 30 days of leaving prison. These studies show a small but significant interplay between homelessness and incarceration. Being homeless post-incarceration increases the risk of returning to prison (Metraux & Culhane, 2004). Having a mental illness increases the risk of being both homeless or having contact with the criminal justice system.

Acquiring housing post-incarceration from prison is difficult due to lack of funding to pay for housing, lack of available affordable housing, and anti-crime policies that make certain types of subsidized housing unavailable to persons convicted of certain crimes (Legal Action Center, 2004). These tough-on-crime policies prevent some families who could provide shelter to a recently released family member, because having the family member with a certain criminal charge living with them puts the entire family housing security in jeopardy. For persons released on parole, living with family members may also be off limits if another family member has a criminal history as parole terms often prohibit associating with other former inmates regardless of family connection.

Public Policies

Public policies meant to improve public safety can have the unintended effects of increasing risks through increasing susceptibility or vulnerability to poor health outcomes by restricting access to services or returning individuals to prison or jail where demand for health care exceeds its capacity. Furthermore, public policy trends over the past 50 years meant to ensure that 'crime does not pay' have the effect of making rehabilitation and reintegration into society particularly difficult for those coming out of prison (Western, 2006). Restrictions on eligibility for Medicaid or other benefits due to certain criminal offenses impact the individual's

ability to access treatment or housing (National Leadership Forum, 2009). In New Jersey, a number of policies restrict or impact access to public assistance, housing, employment, driver's license, education, voting and jury duty, expunging of criminal records and parental rights for people with certain criminal convictions (Pogorzelski, Wolff, Pan, & Blitz, 2005). Social service providers in Harlem identified policies in the areas of Medicaid, substance abuse treatment, and corrections that were harmful to their clients and posed barriers to accessing treatment (VanOlphen & Fruedenberg, 2004).

These policies restrict opportunities for individuals leaving prison, take precedence over a diagnosis of mental illness, and impede people's attempts to reintegrate into society. These policies also can interfere with interventions designed for persons with SMI without a criminal history and adapted to a population with SMI and a criminal history. Typical resources for housing, vocation, and entitlements may not be accessible for this population and challenge case managers' abilities to address the needs of this population.

Community Factors

Criminal justice policies can have community level effects that impact social networks. *Coercive mobility* (involuntary removal from a community through incarceration; Clear, Rose Waring, & Scully, 2003) has a negative impact on communities where incarceration rates are high by destabilizing social networks and the community. This is tied to increased social disorganization that is associated with elevated rates of crime. Increased formal social control through increased police presence has a negative impact on informal social control and impacts social networks negatively by destabilizing their effectiveness. This phenomenon is captured in Goffman's (2009) research on the effects of arrest warrants on the relationships between wanted men and their families. Families were either subjected to increased attention from police as a way to get to the wanted male relatives or families used the formal control of the police as a way to control the wanted male relatives (Goffman, 2009). This interplay results in reducing the effectiveness of informal social controls and erodes social networks that could provide social support or access to resources. By increasing formal social control in these communities, little space is left for informal social control which affects the social support available to individuals.

Risk Environment as Applied to Community Reentry

The combination of the effects of substance use, tenuous social support, and homelessness in the context of an urban environment with limited community resources, punitive public policies and in an era of an eroding safety net and expanding incarceration can profoundly impact the process of community reentry for persons with SMI. To date, these factors have been mostly examined in isolation from each other and the full impact of the complex risk environment on community reentry and reincarceration has been unexplored. Additionally, the risk environment may limit the impact of conventional evidence based treatments that focus on linkage to and delivery of mental health services. Understanding how the risk environment operates for individuals with SMI leaving prison will be important to understanding how the effectiveness of EBTs may be diluted or how conventional EBTs might be adapted to reduce reincarceration for this population.

CHAPTER 2

Critical Time Intervention: An Adaptation of an Evidence-based Treatment

Currently, there is a randomized field trial (RFT) of an evidence-based treatment (EBT) for persons with SMI leaving prison in New Jersey. Critical Time Intervention (CTI) is an EBT designed to aid in the transition from homeless shelters for people with SMI by strengthening ties to service providers, families, and friends and by providing emotional and practical support during the transition (Draine & Herman, 2007). Research on CTI with homeless persons has shown it to be effective in reducing shelter bed days and in reducing negative psychiatric symptoms (Herman, Opler, Felix, Valencia, Wyatt, & Susser, 2000; Susser, Valencia, Conover, Felix, Tsai, & Wyatt, 1997). CTI has been also used for homeless families leaving shelters, homeless women entering housing, and psychiatric inpatients leaving the hospital (Draine & Herman, 2007). The current CTI RFT (R01-MH-076078) is applying the intervention to men with SMI leaving prison with a goal of preventing returns to prison (Draine & Herman, 2007). CTI is 9-month case-management intervention comprised of three phases: *Transition to the Community*, *Try-Out*, and *Transfer of Care*. The first stage of the intervention is the most intensive; case managers engage with and link consumers to needed services and supports. During the second two phases, CTI case management services taper off as consumers have been linked to services and supports to maintain their community tenure. CTI is unique in that it incorporates connecting individuals to existing social support in addition to needed mental health and social services.

However, an intervention such as CTI that relies on existing social supports and community resources may be particularly susceptible to the environment in which it operates. Factors such as the prevalence of substance use, a family's ability to provide social support, the availability of affordable housing, state and local policies regarding criminal histories, and level of neighborhood social disorganization can all effect the potency of CTI. For example, an individual who has strong social support upon release from prison may have better outcomes in a program like CTI than individuals who have no support or need to re-establish these ties upon release.

Determining the ways in which these risk environment factors can moderate the effects an evidence-based treatment is critical to improving community tenure for persons with SMI leaving prison.

Conceptual Framework

The goal of this dissertation is to explore how individual, interpersonal, and environmental factors interact with CTI for persons with SMI leaving prison and contribute to outcomes for this population. An examination of the risk environment may start to explain why EBTs for this population have produced mixed results on criminal recidivism. Specifically, this study aims to:

1. Depict the risk environment context of Critical Time Intervention for persons with SMI leaving prison and examine its effects on substance use, social support, and access to physical resources and how these factors constrain or facilitate the intervention.
2. From the risk environment analysis, further develop a conceptual framework that reflects the impact of the risk environment on CTI and reincarceration.

Results from this study will reveal the social context under which reentry services for persons with SMI operate and begin to identify if CTI is more effective for individuals with social support and little substance use upon release from prison. This study can inform future policy and practice that will impact the risk environment and help to design better interventions that will facilitate successful community reentry from prison and decrease reincarceration.

Research Question

How does the risk environment affect community reentry for men with mental illnesses leaving prison?

- a. What are the environmental characteristics, policies, resources, or lack of resources that keep individuals from seeking treatment, engage with a support system, return to drug use, and return to jail or prison?
- b. What are the environmental characteristics, policies, resources, or lack of resources that constrain the effects of CTI and what strategies do providers employ to overcome these barriers?

CHAPTER 3

An Examination of the Production of Risk for Reincarceration for Men with Mental Illnesses Leaving Prison

As part of the randomized field trial (RFT) of Critical Time Intervention (CTI), I was involved in conducting a fidelity assessment of the intervention. This included using a fidelity assessment tool created by the developers of CTI and conducting semi-structured, in-depth interviews with the men in the program and the clinical team. During the interviews, both clinical team members and the men discussed problems with accessing resources like temporary cash benefits, the local homeless shelter, or other housing resources upon release from prison. Some of these restrictions were because men had drug convictions, but other restrictions were due to local practices around accessing services. This piqued my interest, as these were not issues encountered in a case management reentry program being implemented in a mid-western city of which I was part of the evaluation team. I began to develop a stronger interest in how local context can impinge on interventions and possibly effect outcomes for individuals. I decided to explore how the environmental context produces risk for reincarceration for men; the strategies men employ to overcome the risks; how the environmental context impacts CTI; and the strategies that providers employ to mitigate the risk.

Overall Approach

Grounded theory methods guided the risk environment data collection and analysis, as this method is well suited for investigating phenomena we know little about and for developing a working theory of how the phenomena works. Leaving prison is an event and a process simultaneously and grounded theory allows an examination of this process by focusing on the events and interactions surrounding leaving prison and attempting to reintegrate into society. Based on symbolic interactionism, grounded theory focuses on the meaning making through interactions with others. This framework highlights the ways that criminal status impacts accessibility of resources and opportunities for pro-social activities within this environmental context.

Because this study was embedded in the CTI RFT, I will begin by describing that study, the setting, recruitment and sampling procedures, and data collection. I will then discuss the risk environment analysis including additional sampling procedures, data collection, and data analysis.

CTI as Community Reentry Support for Prisoners with Mental Illness: The Randomized Field Study

This study was executed within the framework of an NIMH randomized controlled trial (R01-MH-076068) testing the effectiveness of Critical Time Intervention (CTI) for men with mental illnesses leaving the New Jersey prison system and returning to Camden County, NJ. This study used data collected in the parent RFT on CTI and therefore builds on the sampling, recruitment, and randomization procedures of the RFT.

Setting

Camden County was chosen as the site for the RFT because it is the county with the second highest number of releases of persons with mental illness from the New Jersey Department of Corrections (NJDOC) providing a large subject pool for the RFT. Many of the issues facing Camden are typical of many socially and economically desolated mid-sized cities in the United States: a de-industrialized urban area with high rates of poverty, yet it also has economically stable suburban areas. Camden County, which is in Southern New Jersey and is comprised of the city of Camden and various suburban and rural communities, is a lesson in disparities. For example, New Jersey typically has the highest or second-highest median income in the country. And Camden County has a relatively high median income, yet the city of Camden has a median income a little more than 1/3 of the county's median income (\$61,000 vs. \$26,000; United States Census Bureau, 2013). These disparities continue for almost every category we can think of: poverty rates, crime rates, and racial makeup. In some ways the city of Camden epitomizes the plight of many post-industrial urban areas, yet Camden has the distinction of being characterized as the poorest and most dangerous. Almost 60% of Camden's children and 30% of its adults are living in poverty whereas in Camden County only 20% of children and 10% of adults live in poverty. The city is predominately Black at 48%, about 18% are white and 47% report

Latino or Hispanic heritage (United States Census Bureau, 2013). Conversely the county is 70% white and 20% Black. Camden has been labeled the most dangerous city three times since 2000 based on per capita rates of violent and property crimes. (Hirsch, 2009)

Sampling, Recruitment, and Randomization

The sample was drawn from all New Jersey Department of Corrections (NJDOC) inmates who were identified as “special needs” (receiving mental health services) and within three months of release from prison. Individuals were randomized to the experimental (CTI) group or the control (Enhanced Reentry Planning, ERP) group. Recruitment for the RFT ended in December 2010 with an enrollment of 216 individuals. Prison workers identified special needs inmates who were interested in participating in the study. Research assistants conducted a screening assessment after obtaining informed consent. Prisoners meeting inclusion criteria [male, age 18 and older; returning or relocating to Camden county upon release; actively classified as a special needs prisoner; and having a diagnosis of schizophrenia spectrum disorder, bipolar disorder, major mood disorder or depression (including dysthymia), anxiety disorder, or PTSD] were consented for participation in the research study and randomized to the experimental or control condition. There was no exclusion criteria based on criminal convictions or type of offense so the sample included a variety of charges and individuals serving various lengths of sentences. Because the experiences of women involved in the criminal justice system vary greatly from that of men and because women, while increasing in overall numbers, still make up a relatively small percentage of those incarcerated, the RFT only included men. Subjects randomized to the control condition received ERP that included identification of and connection to needed services upon release, but did not include any follow-up post-release. ERP is more than the prison typically provides for released inmates. Subjects in the experimental condition were referred to the CTI clinical team. The clinical team had at least one face-to-face meeting with the prisoner prior to release.

Data Collection

In the RFT, an initial screening interview was conducted by research staff to determine eligibility for the RFT and collected information on psychiatric symptoms and diagnosis, demographic information, social connections, treatment history, employment history, housing

history, substance use history, criminal history prior to incarceration, and included a risk assessment. If individuals were eligible for the study and agreed to be in the RFT, they were consented for participation in the study and were randomized to the experimental or control condition. A baseline interview was completed one month prior to release and follow-up interviews were conducted at 1, 3, 6, 9, and 18 months post-release on psychiatric symptoms, substance use, social support, social integration, subjective quality of life, treatment engagement, stable housing, employment, recidivism, parole engagement, and psychiatric hospitalization.

CTI Clinical Team

The CTI clinical team was comprised of a psychiatrist, a master's level supervisor, and two bachelor's level case managers. The psychiatrist devoted 4 hours a week to CTI, which included seeing clients and attending team meetings. The psychiatrist had extensive experience in community mental health and the implementation of EBTs, but not CTI specifically. The supervisor supervised another two-person case management team that provided linkage services to the county jail and also worked a second job at the county jail and so had experience working with individuals with mental illnesses but also involved in the criminal justice system. The two case managers spent 100% of their time on CTI. The initial two case managers left their positions during year three of the study about 6 months apart and new case managers were hired. All case managers either had previous experience working within the mental health or criminal justice system.

After receiving a referral from the research staff, once a subject had been randomized to the experimental condition, the supervisor and a case manager would travel to the prison and conduct an intake assessment and develop a release plan. If time permitted, a second visit by the case manager may have occurred prior to release. Standard release procedures were that once the individual was released and made their way to Camden County, he would contact the case manager and arrange an initial face-to-face meeting. Case managers had individual caseloads, but would cover for each other as needed.

The clinical team met every two weeks to discuss new cases and problem cases primarily, with the goal that every case was discussed at least monthly. Research assistants attended team

meetings as a way to keep track of study participants and they also recorded team-meeting proceedings.

Risk Environment Analysis Study

The goal of the risk environment analysis was to develop an understanding of the risk environment by identifying factors that may impact individuals, their relationships, and their willingness and ability to successfully participate in the intervention and avoid reincarceration. For example, in the fidelity study interviews clinical staff identified a subset of consumers that are not eligible for temporary benefits or housing based on their drug felony convictions, posing significant challenges for the clinicians in securing needed resources. That criminal status may have an effect on the intervention and community tenure was not considered as a factor previously, but with this new information, the ways in which criminal status may operate in this environment and has implications for individuals and the intervention and this was the focus of this analysis.

The risk environment analysis explored these issues and factors through 'go-along' interviews (Carpiano, 2009) and in-depth interviews with consumers, and clinicians to understand the ways that the risk environment impacted both individuals and the CTI intervention. Since this is an unexplored phenomenon, these interviews provide a focused means to explore the experiences of community reentry for persons with SMI leaving prison.

Sampling strategies. A stratified sampling strategy (Patton, 2002) was used to recruit study participants for the fidelity study. Six subjects from each phase of CTI were chosen at random from active cases at the start of the fidelity study, for a total of 18 participants. By ensuring sampling from each phase of the intervention, we were assured a range of experiences with respect to the release from prison and within the three treatment phases of the intervention. As the fidelity interviews were analyzed and themes and categories centered on the transition from prison to the community and initial obstacles associated with release from prison, I used theoretical sampling (Charmaz, 2006) by recruiting additional subjects from a cohort of men being released from prison. The focus shifted to the initial time out of prison and how men navigated the first six months out of prison. In order to capture the experiences of those not in the experimental

condition, I also recruited those in the control condition in order to ensure the full variation of experiences of men leaving prison.

The sampling plan for recruiting family members and key informants was snowball sampling by asking participants who had contact with a family member if I could also interview a family member they identified. However, some members did not have ongoing contact with family members. Those that had contact with family members or lived with family members were very reluctant to let me speak to them. They were hesitant about asking family members if they would mind talking to me. I believe this was a combination of protecting family members' privacy, a way to manage the information disclosed about them, and not wanting to impose further on family members whose emotional and financial resources were all ready stretched thin. As the study progressed and I remained unsuccessful at gaining access to family members, I switched to a more opportunistic strategy. Instead of asking participants to identify family members to be interviewed at a later date, if a family member was present while conducting a participant interview I would ask the family member if they would talk to me, obtain consent, and conduct the interview immediately after the participant's interview. Unfortunately, by the time I switched this strategy, there were few opportunities where family members were present in the household when conducting an interview. I encountered the same barriers my sampling strategy and recruitment for key informants. Initially I relied on case managers and participants to identify potential key informants, but this strategy did not pan out in to any successful contacts or interviews. I then attempted to contact individuals working at social service agencies that participants mentioned receiving services. This, too, proved to be an unsuccessful strategy as providers were non-responsive and seemingly unwilling to speak to someone for whom they did not have an introduction from a known third party.

Eighteen subjects, 6 from each phase of CTI, participated in the fidelity study and were used for the risk environment analysis. Another 10 subjects, six from the experimental and four from the control condition, were recruited using theoretical sampling. These ten subjects participated in at least one and up to five interviews over the first six months of their release in to the community. A total of 6 program staff were interviewed as part of the fidelity study and this

included all four case managers who had worked in the CTI program. These interviews were used for this analysis. Because of the problems with recruiting family members and key informants, only two collateral interviews were conducted, one from each category. While more collateral interviews may have provided additional insights, I am confident I gathered sufficient information from consumers and providers to provide a rigorous analysis. The addition of more collateral interviews most likely would have helped to fine tune this analysis, but not change the overall picture. In total, 28 consumers, 6 program staff, and 2 collaterals participated in the study. Because some of the consumers participated in more than one interview, a total of 46 interviews were used in the analysis.

Data collection. Data collection for this part of the study was designed around capturing the settings, actors, events, and processes (Miles and Huberman, 1994) that make up the risk environment for persons with SMI leaving prison and returning to Camden County, New Jersey.

In-depth interviews. In-depth, semi-structured interviews were conducted with the 18 fidelity study participants from July 2010-December 2011; interviews with the additional ten subjects took place between January 2011 and April 2012. Interviews with the CTI clinical team were conducted between December 2009 and November 2010 and were conducted with in staff members' offices or in a restaurant. Individuals were contacted by research staff and asked if they wanted to participate in an additional research interview. If interested, research staff set the time, date, and place with the participant with the location being chosen by the participant. Interviews lasted between 40-90 minutes and commonly took place in men's homes, but interviews also were conducted in restaurants, social service agencies, libraries, a halfway house, and the county jail. Upon meeting face-to-face, informed consent procedures for these additional studies were followed and no one refused to participate at this point. Another researcher participated in all of the clinical team interviews and 6 of the consumer fidelity interviews; otherwise I conducted interviews solo. All interviews, except two, were tape-recorded and then transcribed by a paid service. I reviewed and edited the transcriptions for clarification and typos. Two interviews were not tape recorded because participants were in custody at the time of the interview and the institutions did not allow tape recording devices on their premises. In these

cases, one interviewer asked questions and the other interview wrote notes and wrote up more extensive field notes after the interview.

Fidelity interviews with consumers focused on initial contact with the CTI clinical team, release from prison and plans upon release, early tasks with case managers upon release, knowledge about CTI, expectations of the program, helpful and unhelpful aspects of the program, criminal justice involvement since release, social support systems, and goals and plans. Fidelity interviews with the clinical team focused on their professional background and experience in working with this population, daily job tasks, their understanding of CTI program philosophy and structure, initial meetings with consumers and release plans, engagement strategies, challenging cases, ideas about what changes to CTI would be helpful for this population, and resources that would make the program more successful. Initial interviews with the final cohort of ten participants followed the fidelity interview structure closely for those who were in the experimental condition. Initial interviews with the control condition obviously did not ask about experiences with the CTI team, but instead focused on release plans and their ability to access resources and treatment services without the assistance of a case manager, criminal justice involvement since release, social support systems, ideas about what services would be helpful, and goals and plans. Additional interviews with these participants focused on progress towards goals discussed in the previous interview, a review of services accessed, criminal justice involvement, behavioral health treatment, and any other topics participants felt were pertinent to understanding their process of release from prison and attempts to reintegrate in to society.

Go-Along interviews. *Go-along interviews* (Carpiano, 2007) were used both to observe consumers and staff as they navigated system barriers together and to observe consumers alone as they navigated their environment post-release from prison. Go-along interviews occupy the space between formal, sit-down interviews and field observations as participants are interviewed as they operate in their natural space (Carpiano, 2007). This allows both a contextualization of the observed environment as participants bring their perspectives and experiences of the environment and a contextualization of the interview as the environment may facilitate discussion on topics that may not come up in a sit-down interview (Carpiano, 2007). These interviews took

between 30 minutes to several hours and included attending job fairs, public aid appointments, grocery shopping trips, and a tour of a childhood neighborhood. The 'go-along' interviews helped to identify the places that are important to community reentry from prison for persons with SMI and contextualize the barriers or facilitators of community reentry.

During in-depth interview sessions, I would ask participants if they minded if I accompanied them either on an upcoming appointment he and his case manager had planned or if I could accompany him in a daily task or someplace that was important to him. Not all participants could identify an upcoming appointment or task suitable for this endeavor. Most often these go-along interviews occurred adjacent to an in-depth interview, either before or after depending on the circumstances. A few times, plans were made for a go-along interview to occur a week or two later, but the participant could not be contacted or found at the appointed time and place. Depending on the situation, I sometimes tape-recorded our conversation during the task (i.e. during the tour of the childhood neighborhood) but mostly I completed field notes directly after the interview because they occurred in a public place.

Analysis of the risk environment. The analysis plan permitted an examination of the multiple and intricate ways the risk environment impacts individuals and the CTI intervention and the ways that these variables interact to reduce or facilitate reincarceration. Data analysis of the risk environment was an iterative process, drawing on the grounded theory approach initiated by Strauss (1987), further developed by Strauss and Corbin (1998) and most recently refined by Charmaz (2006). This was achieved through the coding of data as it is collected and the use of memos to explore ideas that emerge during data collection. These techniques allowed the researcher to continuously refine prior themes and to develop emerging analytic foci. Simultaneous data collection and analysis involved comparing new transcriptions to evolving models and alerted the researcher to disconfirming cases or new avenues of inquiry. While the grounded theory approach organized the data collection and analysis, this study did stray from a strict grounded theory approach by identifying some areas a priori for potential thematic analysis. Transcriptions of go-along interviews, in-depth interviews, and researcher memos were entered in to HyperResearch 5.3. Using grounded theory principles, the first 10 consumer interviews and

program staff interviews were coded line by line using in vivo, substantive, and theoretical codes (Oktay, 2012) and this allowed me to initially stick close to the data (Charmaz, 2006). Substantive codes reflected what was real and meaningful in the data and I used Charmaz's suggestion of coding in gerunds in order to focus on "actions and processes, not individuals as a strategy in constructing theory and moving beyond categorizing types of individuals" (p. 136). In vivo codes are a type of substantive code (Oktay, 2012) and provided the emic perspective of participants by coding using their words. For this study in vivo codes capture the feelings and experiences of men leaving prison and are powerful representations of their perspective. Theoretical codes were informed by the risk environment framework and sensitized me to code for structural conditions present in the men's lives.

I took these initial codes and engaged in axial coding by organizing codes in to categories and subcategories and beginning to determine their relationships to each other (Charmaz, 2006, Oktay, 2012). I also engaged in extensive memo writing during these tasks in which helped to flesh out categories and decide on relationships by asking, "what is going on here?", analyzing how people constructed their actions around the process of leaving prison and reintegrating in society, and identifying the context in which this occurred. At this point several categories began to emerge: changing ways, transitioning to the community, working with the case management program, dealing with reality, dealing with emotions, barriers in the risk environment, prioritizing current needs over long-term goals, and getting ensnared in the criminal justice net.

After identifying these most frequent and significant codes, I then engaged in both open and focused coding with the rest of the interviews, continuing to engage in constant comparative analysis in order to identify potential new codes and to allow comparisons across and between cases. After this round of coding, I was able to identify three core categories, Changing Ways, Transitioning to the Community, and Dealing with Reality which captured the perspective of the men and their sense of agency around not returning to jail or prison, the men's relationships with case managers, family members, and other important people in their lives, and the structural forces making up the risk environment. At this point it was not clear to me how these larger

categories were related. I then examined other codes and categories in relation to these core categories and some earlier categories became subcategories under these three core categories. For example, initial categories around relationships with family and case managers became codes under the core category of Transitioning to Community.

I finally engaged in theoretical coding by focusing additional coding around these three core categories, finalizing substantive codes, and determining relationships between categories. It was here that I made the connections between the environmental context and its influence on the process of community reentry for men. I was able to make connections between the men's initial orientation upon release from prison, their interactions with policies and practices depicting the risk environment, and their response to the risk environment. I was able to capture this process and see how some codes were the result of the production of risk towards reincarceration and how the men dealt with the increased risk and pressures of the environment. Through this process I was able to develop a working model of the process of reentry for the men, the production of risk in this environment, and the effects on both individual men and the intervention.

Strategies for rigor. Incorporating strategies for rigor during study design and execution helps to ensure quality (Padgett, 2008). Data triangulation was achieved by collecting data through different means, in-depth and go-along interviews, and from different types of subjects, consumers, program staff, and collaterals (Padgett, 2008; Patton, 2002). I also kept an audit trail by maintaining a chain of evidence in which decision-making about codes, and themes, and implications that can be traced back to the data and will enhance reliability (Yin, 2008). Additionally, I engaged in peer debriefing with other doctoral students who were engaged in qualitative research. These meetings help me to maintain perspective and provided a place to process emotions associated with data collection and data analysis.

Positionality. I approached this study as a person with extensive history of working in community mental health as a case manager and supervising case managers. Much of my clinical work involved individuals who were transitioning from a state psychiatric hospital, but I also had occasion to work with individuals who had involvement with the criminal justice system. I

had also worked on a study in another state evaluating an assertive community treatment team working with men and women leaving prison. All of these experiences both sensitized me to the population and setting but also primed me to have certain expectations about how things work. For example, my case management experiences have been with programs that commonly manage individuals' money and medications. While this is an efficient way to provide services, these practices can also easily become paternalistic and controlling. The CTI program staff did not engage in these assertive practices and instead emphasized men's capabilities to make their own decisions around managing money and medications and instead focused more on engaging men through providing hope and positive regard. My initial reaction to finding out that case managers rarely engaged in managing money and meds was that they were "wrong" and misguided. However, through observation and interviews I was able to understand their approach as a combination of necessity and philosophical orientation. By challenging my assumptions and questioning my reactions about my expectations, I feel I was able to bring a nuanced understanding to both the clinical team and the consumers.

As a white, middle-aged woman with a comfortable economic situation, I had little in common in the way of demographics with the participants. While I could not control how these unchangeable characteristics impacted participants, I attempted to overcome our differences through my relaxed approach, sincere demeanor, and an expressed partial understanding of their experiences. I found an honest, sincere approach seemed to foster a connection with most men. In fact, some of the men disclosed that they felt comfortable talking about their emotions and opening up about these aspects of their lives with me. One even admitted that if I were male he wouldn't have told me some of these things he told me. On the other hand, it is possible that men distorted or did not disclose some things to me because of my gender, especially those things 'stereotypically' male like violence or criminal activity. During this study I had to navigate both an insider and outsider status depending on the individual and context, reflecting on my status and my interactions with participants helped me negotiate these positions.

CHAPTER 4

Results: Depiction of the Risk Environment

This chapter depicts the risk environment context in which Critical Time Intervention (CTI) is being administered to a cohort of men with mental illnesses leaving prison in New Jersey and returning to Camden County. It also examines the experiences of men not involved in the intervention. This analysis is embedded in a larger randomized field trial examining the effectiveness of CTI and aims to identify the potential ways the risk environment may contribute to reincarceration for individuals and may constrain or facilitate the effects of the intervention. Intervention research tends to focus on individual level factors contributing to poor outcomes for individuals, a depiction of the risk environment widens the focus to include environmental and structural forces that may also contribute to poor outcomes for individuals. Using a multi-level perspective produces a broader understanding of complex social phenomena and contributes to the development of comprehensive interventions in real world settings. Results of this risk environment analysis will be used to develop models to test using data from the RFT to be used in future studies.

Leaving prison is a risk factor. Binswager (2007) found that the formerly incarcerated have 13x the risk of death from cardiovascular disease, overdose, homicide, and suicide in the first two weeks post-release. In addition to this high risk, individuals have high needs when released from prison. They need to find a place to live, a way to generate income, get connected with mental health or substance use treatment. Often they have been in an institution geographically located far away from family and friends making staying connected to a support system difficult. Besides health risks, managing high needs, and reconnecting with families, the environment presents other obstacles to successful community integration and produces risk for reincarceration. This chapter traces the release from prison for men with mental illnesses returning to Camden County, New Jersey, examines their experiences, and identifies both the barriers and facilitators of community reintegration.

A Note About Race

Similar to persons with mental illness being overrepresented in the criminal justice system, persons of color, especially blacks, are overrepresented within the criminal justice system (Alexander, 2010; Western, 2006). This phenomenon has been well documented and the focus of study for many scholars. This study did not aim to examine the affect of race within the criminal justice system or the role race may play within the reentry process for men with mental illnesses. However, it is important to recognize the role of race and institutional racism that operates both within the criminal justice system and the communities that many men return to when released from prison. While race was not examined directly, it remains present within the context and situations that have been examined within this study.

Orientation Upon Release

Changing Ways

Most of the men leaving prison were invested in “changing their ways”, as returning to prison is not an option for them. With the experience of prison so vivid, their desire to stay out of prison was strong in the earliest days post-release. Most recognized that this meant they would have to refrain from using drugs, engaging in illegal activity, or resisting the lure of the streets as engaging in these activities would lead them back to prison. Some men reported having epiphanies around changing their ways as if this time was different than previous arrests or incarcerations. These were bona fide sentiments and commitments towards starting over and doing things differently from what put them in prison. There are two distinct categories of changing ways, one involving avoiding those activities or people that could mean a return to jail or prison; the other involving making a commitment to doing things differently and making different choices.

Avoiding old patterns. Avoiding old patterns is a commitment to avoiding activities and situations that would put them on a fast track back to jail or prison. This included criminal activity, substance use, or hanging out on the streets. Most men serious about staying out of prison felt these activities should to be avoided at all costs. When talking about this, the men employed the language of avoiding “People, Places, and Things” common to Alcoholics Anonymous or other recovery programs. Men took great pains to avoid old acquaintances or potential new

acquaintances that could draw them back in to criminal activity or substance use. One man described his desire to avoid both jail and prison and not return to either one,

R: I ain't tryin' to go back to neither one of 'em.

I: Yeah, yeah, sure.

R: Neither one of 'em.

I: Right, your preference is to never have to go to either. So what's it been like since... since getting out? Since coming home?

R: Laid back... I try to stay to myself, you know what I mean? I got a girlfriend, I deal with a girlfriend. I stay with my brother and that's it, keepin' out of trouble. I go to my appointments, whatever. I do what I gotta do this time instead of just hangin' out in the street.

Men also recognized that 'the street' had a lure that could envelop them and once involved with that lifestyle, it was hard to leave. There is something about the attraction of not having ties to a conventional life and participating in this 'outlaw' existence. Many men talked about how during this time in their lives, they would cut off ties with family members and only associate with those involved in the same lifestyle. At some point their thinking changes and they believe that this is the only way to live and that those from their 'other' lives no longer accept them. A man with a relatively affluent upbringing who for many years lived a dual existence between going to college and hanging out on the street talked about the differences,

When I was at... you know, in the hood with a lot of different individuals than I'm with from being on campus, their lifestyles are different so it's... my approach is different. You know what I mean? Like, they're over here selling drugs, and shooting dice, and smoking weed, and drinking. And over here, you're just smoking weed, doing homework, and talking about when the next fraternity or sorority party is going to happen.

Unfortunately this dual lifestyle caught up with him when he was arrested for carrying three bags of marijuana in a school zone. The hard lesson most of these men learned is that eventually time on the street ends in arrest, jail, or prison. Many felt that the only way to ensure community tenure

is to avoid the street or other places, situations, or people that would pull them back in to this lifestyle.

Choosing to go in a different direction. This category encapsulates a conscious effort to do things differently this time. One guy described it as, “choosing not to cheat.” Rather than just avoiding places that could get them arrested this sentiment also includes a desire to change as a person. Some felt going in a different direction included mending relationships with those they have let down in the past. Others felt it is important to do things for themselves and establish their own personhood. Motivation to stay out of prison was a part of this category, but more importantly it is a desire to prove themselves to important people in their lives; one man stated it was important for him to be a better example for his children. Another wanted to show his family that he was serious about changing,

While being in prison I realized that my family was there for me. None of my so called ‘boys from the street’, other females; there was nobody, only my family. I was like wow, you know, it made me think a lot. It made me realize that my family loves me. I’m not gonna let myself down first of all and I ain’t gonna let them down. I’m not gonna go back out there and keep my same mistakes over and over again... It’s either grow up now or not. I’m choosing to grow up. I’m choosing to mature...If they [my family] are willing to help me, then I need to first of all help myself to want to change. That motivates people to help me even more when they see that you are. It’s hard.

Despite this resolve to leave their “cheating” ways behind and commitment to changing, men often came into contact with the criminal justice system, sometimes through no fault of their own. Additionally many unexpected challenges and unforeseen barriers challenged their resolve daily.

Leaving Prison and Initial Tasks

Detainers

When one completes a prison sentence, he is commonly released from prison. However, legal entanglements can persist beyond a prison sentence and incarceration. For instance, detainers can occur during the process of release from prison. If an individual has criminal

charges in another jurisdiction, that jurisdiction can issue a detainer meaning the individual cannot be released from prison. Issuance of detainer means that the individual will be transferred to that jurisdiction to address the pending criminal charges. While this is efficient for the processing of criminal justice charges, it does not produce an efficient and reliable release to the community. Quite often individuals don't know until just prior to release that they are being sent to another jurisdiction. Any plans made for release will be thwarted, as the individual will not have a chance to contact anyone who was expecting him in the community on his release date. Once at the new jurisdiction, individuals have to resolve this court case which could range from something as minor as seeing a judge and receiving a fine to a protracted stay in jail awaiting a criminal trial. Under these circumstances, it is difficult for individuals to contact family for help in resolving the current court case or to communicate a change in plans. One of the most confounding problems associated with detainers and transfer to a new jurisdiction is that any plans associated with the prison release have been undermined. For example, men are released with a short supply of medication, but often these get lost in the transfer process. Also written plans for where one could go for treatment, release, and discharge planning also get lost in the transfer and likely simply don't apply to release from a different institution with different rules, administration, and procedures. One man in the ERP condition describes his experience with having a detainer upon release from prison,

R: Yeah. I knew that I had a detainer. I couldn't pay for it from prison, though. I had to wait. I mean, I could have, but there probably was like, a whole procedure with all of that. I don't know.

I: Okay. So, then, tell me what happened with like, your paperwork and stuff like that. So, you were saying...

R: Yeah. The paperwork that I had um... that they gave me... When I left the prison and the cops had extradited me to Monmouth County, I had all of my paperwork. I didn't have it in my possession, but the cop... I had to sign off on everything, medication, mental health records, all of that. I had to sign off on all of that. The cop had it in his possession and when we got to the actual county, he

gave it to them. And then, when I seen the nurse, that night, I said, 'Excuse me ma'am, did they happen to give you my medication?' She said, 'No, we don't have anything.' I'm like, 'What? You don't have anything?' I'm like, 'Yeah, they came with my meds.' She said they didn't have anything.

These last minute changes complicating a planned release from prison can negatively impact the first few days out of prison when one is ultimately released back into the community.

A detainer also created difficulties for the intervention team as case managers would expect guys to be released on a certain day and be awaiting their call in order to arrange first contact and begin providing services. From the case managers' perspectives, someone not showing up when they are supposed to could mean many different things and being detained on a warrant is only one of them. Most likely it could be assumed that individuals have changed their minds and are not interested in services or that they decided to go back to their former criminally inclined network and ways. When men did not contact the team upon release from prison, case managers would try to find individuals through any means available to them. It was difficult to uncover that individuals were in a county jail sometimes quite removed from Camden County or where they had formerly been incarcerated.

Once men finish their sentence, successfully negotiate any detainers, and navigate their way back to Camden County, the attention turns to securing income and housing, along with other basic needs. For those receiving CTI, case managers served as guides to these tasks by setting the agenda, making connections with service providers, and most importantly, providing transportation and reminders about appointments. For those men in the control condition, they negotiated these tasks without the benefit of professional assistance or insider knowledge on accessing resources. The first task case managers identify upon release is a visit to the Board of Social Services in Camden to start applications for financial and housing assistance.

Welfare/General Assistance

General Assistance (GA) is a state financial assistance program ("welfare") for adult individuals without children. GA was common in most states during the early 1990s and provided an important safety net function for those not working but not eligible for unemployment benefits

or those disabled but not yet approved for federal disability benefits (SSI or SSDI) (Gallagher, Uccello, Pierce, Reidy, 1999). However most states have been scaling back GA since the 1990s by either tightening eligibility or reducing the monthly monetary allowance. Since 1998, five states eliminated GA; in 2011 seven additional states reduced benefits, eliminated benefits, or tightened eligibility (Schott & Cho, 2011). Only 30 states still offer GA benefits as of 2011.

In New Jersey, GA is called Work First New Jersey (WFNJ) and for those considered employable it is a job finding/training program. New Jersey is one of 12 states that makes GA benefits available to those considered employable; however, it is also one of 13 states that has a time limit on benefits, 60 month lifetime maximum (Schott & Cho, 2011). In addition, New Jersey is the only state that eliminates or restricts benefits due to drug convictions (Gallagher, Uccello, Pierce, Reidy, 1999). Anyone convicted on or after August 22, 1996 with a felony drug distribution charge is permanently ineligible for WFNJ benefits. Similarly, anyone convicted on or after August 22, 1996 of drug possession or use of a controlled substance will become eligible for cash benefits after completing a licensed residential drug treatment program, testing negative for drugs at the end of the program, and again 60 days later. So in essence anyone leaving prison for drug distribution or drug use is excluded from any general assistance for at least 3 months post-release as that would be the earliest a drug user could meet requirements for WFNJ. Those that participated in drug treatment while in prison are also excluded, as the prison-based treatment program is not considered a licensed residential treatment program. Individuals eligible for the cash assistance are also eligible for temporary medical benefits through the state. So if one is ineligible for GA due to drug convictions, it is not clear how he would access state licensed drug treatment programs without any sort of medical insurance.

Excluding drug-convicted individuals from receiving temporary welfare benefits poses problems as this transition from prison is a very critical time for health issues primarily, but also barriers to community reintegration and pro-social behaviors at this time when guys are most receptive to a crime-free life, produces a heightened risk for reoffending. Exclusion from temporary benefits also poses problems for those case management interventions charged with

providing assistance during this transition. Individuals leaving prison have high needs and temporary financial resources would assist with basic needs and reduce the risk for reoffending. The inability to provide this important linkage for men leaving prison provided some obstacles for case managers in the CTI program. Early on in the study, case managers were often confused about the rules surrounding General Assistance and under which conditions individuals were excluded. One man described applying for benefits upon release from prison, but getting denied because he had a drug conviction despite having both a mental illness and various medical conditions including a colostomy bag stemming from being shot several years ago,

Well, the day I released I was staying with my sister-in-law and brother [temporarily] and I went to Welfare and they shot me down 'cause I had a drug charge. And [case manager's name] refused to let me live in the streets so [agency] put me in a motel for two weeks, they housed me for two weeks. And I did that and then we kept tryin' to go back to Welfare about my medical condition and all that and they still would shoot me down so I finally came here [back to live with brother and sister-in-law].

As the study continued, case managers acquired knowledge about the rules, but still had concern about what they could offer those with drug convictions. For instance, case managers worried about how to help those with drug convictions and often assumed they would not be interested in services once they knew the limits of the case managers' help. In fact one staff member suggested that excluding those with drug convictions from the program would be desirable as both the men and the case managers become frustrated with the situation,

And that's another thing that I might do if this ceases to be a research project because, what is the essence? Why do we have to accept them, enroll them when we won't be able to do anything with them? They get frustrated and become angry, and they start complaining, 'Why did you enroll me?' When we were out there [the prison] we inform them when we were enrolling them that, 'Look, this is your charge'.

The drug conviction exclusion on General Assistance benefits leaves many men in a precarious position when leaving prison. By limiting the resources available through public entitlements, individuals are forced to rely on themselves and anyone else available. In addition to being denied temporary cash assistance, those who are not eligible for WFNJ cannot access transitional housing money in Camden County. Transitional housing will pay for a board and care home which is a safe, clean alternative to the homeless shelter. Finally, case managers reported that Camden County also has residency requirements for GA. Because, it is an area of high need, individuals have to have established residency for three months in Camden County in order to be eligible for benefits. This excluded men who lived in another county prior to their incarceration, but elected to live in Camden County upon release. Residency requirements and exclusions based on drug convictions disqualify men from receiving cash assistance, medical benefits, and temporary housing upon release from prison when their needs are the greatest making this transition from prison to the community a higher risk endeavor for some.

Housing

Housing is a major need upon release from prison. While some guys made arrangements to stay with family or friends upon release, others did not have housing upon release from prison. The CTI program had very limited funds to house individuals and the most they could provide was a week or two at a local motel where some men did not want to stay because it was a locale for drug dealing. While this stopgap measure did allow time to reconnect with long lost family members, it was not adequate for those who did not have family available or willing to take them in to their households.

Staying at a shelter was another possibility; however, this option was not without it's challenges as it had policies that made accessing it as a resource difficult. For instance, men had to prove their homelessness by obtaining and providing a notarized letter from family saying he cannot stay with them. Also if he was perceived as contributing to his own homelessness, for example refusing to stay a place that is not safe or where illegal activity is taking place, he is not eligible to stay at the shelter. Those who stayed at the local shelter had very few positive things to say about their experience there. Most felt it was a breeding ground for drug use and other illegal

activities. This was a difficult environment for men just out of prison and hoping to stay away from drugs and illegal activities.

Other housing resources, such as transitional housing, were tied to the state's general assistance program, WFNJ, so those ineligible for WFNJ could not access transitional housing resources. If individuals were released from prison on parole, then parole officers could access housing resources for them. Sometimes case managers would need to advocate for parole officers to access these resources. A very few in the larger RCT study who were on parole were able to secure longer term transitional housing run by a local social service agency. These houses tended to be in suburbs of Camden, were clean, safe environments, and provided supportive services through case management. Very few individuals in the study were on parole, as most tended to max out, and even fewer secured a spot in these very specialized programs. Gaining access to the specialized parole housing program or the nicer board and care homes that served as transitional housing for WFNJ seemed to be related to gatekeepers (parole officers, public aid workers, or social service agency workers) seeing individuals as worthy and serious about refraining from criminal activity and drug use. When men in these prime housing spots were asked how they gained access, almost all responded that someone either advocated specifically on their behalf or the gatekeeper took a special interest in their plight. A combination of establishing relationships with gatekeepers, showing some initiative, and advocating for one's self seemed to be the process in which access to these choice housing resources was granted. For those who had the social skills and shrewdness to "work the system", this resulted in positive outcomes for them. But for the guys who did not possess these skills, the system often failed them.

For those able to stay connected with family while incarcerated, staying with family was an often-used option post-release. Sometimes living with family was not readily available upon release from prison, as some family members may need convincing that an individual is serious about rehabilitation before agreeing to provide shelter. A waiting period of several weeks to months may be instituted as an assurance to the household that the individual is serious about refraining from criminal activity. Even with family support, men may have to rotate through several

households so not to put too much financial or emotional strain on any one household. These circumstances lead to very a transitory existence, even within the confines of family support, as men frequently moved from place to place. This transient lifestyle makes it difficult for men to secure and maintain connections to service providers and employers.

For those without strong family connections, girlfriends, previous acquaintances, or newly acquired acquaintances are a source of housing, albeit tenuous and unstable. These are situations where one may rent a room, stay in an unfinished basement, or stay at a residence a few days out of the week. In lieu of cash, payment may be made through some other means like providing a service like doing chores, providing childcare or providing security through the presence of a man in the household.

Housing resources for men leaving prison in Camden County are limited. Formal housing options like the shelter, transitional housing, or halfway houses are few and difficult to access. This resulted in a reliance on more informal mechanisms for housing such as family members, girlfriends, or acquaintances. CTI case managers grew adept at exploiting the few resources available to them by formal mechanisms, but also came to realize the importance of informal resources. They adapted to this by obtaining information about family members and getting releases of information for potential contacts during their first meeting with the men in prison. With the men's permission, case managers would contact family members prior to release dates, tell the family member about the program, and ascertain whether housing would be available. These steps helped some men return to live with family upon release. However, not everyone had family as an option and for those in the control condition, no one was advocating for their acceptance at any formal or informal housing arrangement. For these men, housing was often tenuous and was not a contributing factor to community stability.

Make It or Break It

Case managers identified these initial tasks as make it or break it indicators for the men transitioning out of prison. Acquiring housing, receiving benefits, and avoiding initial entanglements with the criminal justice system set men on the right path towards staying out of prison. Completing these tasks met individuals' basic needs of food, shelter, and safety. Once

these tasks were met, case managers felt they could move on to other tasks like establishing on-going psychiatric treatment, looking for work, acquiring driver's licenses or state IDs, and helping men to adjust to being on the outside. Not acquiring housing or funding and encountering multiple detainers or other criminal justice entanglements within the first few weeks post-release did not bode well for the men and was almost certainly a return to jail. One of the CTI case managers expressed it this way,

Either they get out without benefits and a place to live [or they don't]. [When they don't] we are almost sure that they will not make it because then they become frustrated. Then they start hanging out with old friends. Then they start going back to their old habits. Like somebody say, um, well, who has distribution charges, 'Well, how else do you expect me to survive if I can't get benefits? All of my life I have been selling drugs,' and so as soon as they get out, they start selling the drugs. You are sure of the end of the story.

Unfortunately, leaving prison and the initial tasks related to leaving prison are not without complications. Having a detainer, a drug conviction, or lack of family or significant others to count on for support can all make the initial days and weeks out of prison chaotic and difficult to manage. For those in the CTI condition, they had assistance in navigating these obstacles and access to some resources associated with the program such as two-week emergency housing assistance, clothing vouchers, and rides to a food pantry. Those without family support and in the Enhanced Reentry Planning condition had to navigate these systems on their own.

Transitioning to Community

Depending on how long they have been imprisoned, formerly incarcerated individuals may also encounter a changed world where cell phones and computers are ubiquitous, neighborhoods are different, and important individuals in their former life have died, moved on, or are incarcerated. Men spoke of mundane experiences like using transit cards or needing to access an online application for a job at McDonald's and more bizarre experiences like having a girlfriend tell a man while he was incarcerated that his good friend says hello only to find out once he was released that his friend passed away several years ago. For those individuals who have

been incarcerated for a long time, feeling anxious and overwhelmed are common responses upon release from prison. One man described attending a nephew's graduation ceremony, but having to retreat to the car upon having an anxiety from being both in an open space, but also from being around so many people. Along with these experiences, many found their expectations and hopes for a new life complicated by having to rely on family for support, encountering difficulties in finding work, dealing with bureaucracies, and managing their emotions under these new stresses.

Reliance on Families for Tangible and Emotional Support

As the social safety net failed many of these men leaving prison, reliance on families for tangible and emotional support was common and sometimes the only saving grace keeping them off the streets and an eventual return to jail or prison. Whether it was a place to live, someone to talk to, or receiving basic needs, families were crucial mechanisms of support for many individuals. This support was particularly important for those with limited access to the social safety net based on their criminal history. Most families had very little in the way of financial resources, but could provide space for a family member to sleep. Commonly, more than one household within a family may offer a place to sleep and the individual would spend a few days at each place rotating through several households in a week so as to not overload one particular household. Another common practice might be that an individual may sleep in one place, but spend the day at another household. So even though families were willing to provide support, it might not be the same place nor does the family member returning to the community from prison have a space to call his own. These arrangements were necessary for a number of reasons: one household could not bear the financial burden of having another person living there full time, there was not the physical space for the individual to have his own room, there are emotional factors or tension between the family member and the formerly incarcerated making it untenable to live in one household full time.

CTI case managers learned to exploit family support and resources as sometimes it was the only option for somewhat stable housing for individuals. Not only did case managers explore family support options during the initial visit with the individual in prison, with permission from the

inmate they would make contact prior to the men's releases from prison and maintain contact post-release. The case managers encouraged family members to use them as resources in return. In some cases, case managers would enlist family members' support and help in getting men in to stay involved in residential or treatment programs and to continue working with the team. One case manager described how he encouraged a man's brother, who was a pastor, to meet with the case manager and the man weekly,

His brother was a pastor. He was stayin' at a group home called My Brother's Keeper and gettin' his brother involved with the pastor, gettin' him first look at the religious side of it, you know the religious side.

I introduced myself to [the brother] and said, "Look, we're gonna work together to get your brother where he needs to be." So we engaged his brother, workin' with us. Every time we meet we get the client to meet. His brother will talk to him. I say, "Look, we gonna meet once a week, see how it goes." We'll meet. He'll talk to his brother and I'll talk to him, but he was engaged...Well because his brother was the influence in it, I think he engaged more, was more active in terms of workin' with us. I think the family had played an important role. Yeah, I use that as a help.

From this quote it is clear the case manager is exploiting the few interpersonal resources are available to his client and using them in the client's best interest.

Despite the positive associations of being able to stay with family, there were some negative aspects to reintegrating with family. Not all family members in the household were supportive of the individual who was just released from prison living with them. This is one man's description of needing to stay more than one place because of family tensions with his brother-in-law,

I: So where have you been staying?

R: With my sister, here, between here and my sister's house. I don't be like...I come here every day 'cause all my stuff here so I come take a shower and I come and wash clothes. I come every day but I don't stay. This is the longest I

ever stayed here. It's the longest. It's uncomfortable just even sitting here right now. I just, I come in, grab what I need to grab, do what I gotta do and leave. And then, so far as...It just, it's the nit-picking and, and the people thinking that they better than you and people trying to put you down and throwing stuff in your face. And now it be like, and it just happen, "Man, I'm ready to go," but it ain't just him [his brother-in-law], it's a lot, a lot of different stuff that's bothering me so it's a whole lot.

Getting a job and refraining from drug use or illegal activity may be a condition of living with family. In cases where guys returned to live with wives or girlfriends and their children, there was an intense pressure to contribute financially to the household. Those individuals not working reported feeling obligated to contribute to the family in some other way: doing chores, providing childcare, or performing minor household repairs. One participant felt he couldn't say no to any family members' requests because his family members were providing him with places to live and providing for his basic needs.

This tension between receiving help and feeling obligated to provide was enacted in just about every relationship that existed. Men with children felt intense pressure to provide for their families and resume head of the household status, but even men living with siblings wanted to contribute to the household. When work outside the home proved elusive, many would focus on doing household chores or providing childcare. One individual refused to enter a residential drug treatment program because he felt indebted to his family members because they had provided him with places to stay. Some saw an application for Social Security Income and eventual award as a potential contribution to the household.

While the men who lived with families were better off for having a place to live, these arrangements were not without problems. The return of the individual from prison could reignite longstanding tensions within the family, place extra financial burdens on a household, and subject the individual leaving prison to intense pressure to reintegrate into society. The tensions exhausted fragile family resources and stretched already meager households to their limits. State level policies to withhold some benefits to those with certain criminal histories and no unified plan

for housing, financial safety net, and a pathway to work for men leaving prison places added burdens on fragile families and does little to help men reintegrate into society after release from prison.

Obtaining and Maintaining a Job

After applying for benefits and securing housing, obtaining gainful employment was a major goal for most men upon returning to the community; however, this goal proved elusive for most. First of all, this study took place during the great recession and unemployment was high, particularly in the city of Camden. During the recession, the unemployment rate of Camden County went from 5% to 10.5% and since then has hovered between 10 to 11% (Federal Reserve Economic Data, 2013). However, the unemployment rate in the city of Camden is almost double that of the county, 17.5% in 2009 (New Jersey Department of Labor and Workforce Development, 2013). With these high unemployment rates, employers in the city and surrounding suburbs could be selective about who they hired. Screening for criminal records was the rule rather than the exception during this study. Sometimes criminal background checks would happen after men had been working for awhile as was the case with this man who did not qualify for benefits due to a drug charge so stayed at the shelter until he found a job doing maintenance and housekeeping in a high-rise apartment building that also provided a room to stay,

They sent me to a shelter. The shelter wasn't suitable for me pretty much because there was thieving there, fighting, stuff like that. I cannot sleep with lights on. I cannot sleep like I will not sleep. If you don't like the lights on, I cannot go to sleep and then along the way I found a job, see the building over there, right there? I used to work there for like three months then they got me laid off because they called me prisoner.

Secondly, many of the men lacked legitimate work history and tangible job skills. It's difficult to tease out which of these, criminal history or lack of skills, contributed more to unsuccessful job searches. However, both combined to make this endeavor difficult for most.

Those men that were successful at securing work often did so through the recommendation of a friend or family member. Having someone to vouch for you was particularly

important, especially in this environment of high unemployment for individuals with criminal histories and poor work skills. Those who had solid work skills seemed more confident in their ability to acquire work and did not perceive their criminal histories as an impediment.

Once work was secured, two problems still persisted, maintaining employment over time and making enough money to support self or possibly a family. Maintaining employment was difficult for most men for reasons that interacted with elements of the risk environment. One man who found a decent paying job in a factory could not withstand the physical demands of the job due to many health conditions from years of drug use and living on the streets. Another got in to an argument with a supervisor and was fired. He was not able to secure other work, but had worked long enough to collect some unemployment benefits. However, being young, he spent his unstructured time hanging out and partying with friends and ultimately was rearrested while under the influence of alcohol and drugs and possessing prescription drugs that did not belong to him. Other jobs were only temporary in nature and would disappear after a few months. Lastly, most of the work was difficult physically, offered low wages, in poor working conditions. One man who had extensive experience as a cook was only able to secure a job as a dishwasher in a kitchen in which the owner was verbally abusive. His work schedule was unpredictable and he could only count on \$200/week in pay. Another was able to find work in a bakery under similar conditions, but had to travel on public transportation more than an hour each way.

To accommodate the paucity of social and economic resources available for these men, the CTI case managers made valiant efforts to try to help consumers find work, but they too were challenged by the environmental climate. Case managers reported spending lots of time taking consumers to fill out job applications all over Camden and the suburbs and these endeavors often turned in to bonding experiences,

When I took them out, you know, and we were going out to the jobs and all, kind of always reassured them that if they got an interview and they didn't get hired, "You're not out here by yourself. You might feel like you're out there, but I'm out here. I'm spending six hours out of my day with you. I feel like I'm filling out these applications myself, you know, whether I'm doing a resume for you or

helping you to learn how to do resume. Like I'm out here with you. This is a joint effort."

Some case managers took consumers to local job fairs. However, there was a mismatch between the consumer's experience, mostly as a cook or kitchen staff, and the employers present at the job fair, technical trades and professional. The agency in which the CTI program operated had vocational services and so the supervisor arranged to have one of the vocational staff members conduct an inservice for the CTI case managers. During the course of his presentation, it became apparent that his and agency's approach to work was typical of a mental health agency in that issues surrounding securing work focused more on mental health issues such as social skills and appearance. These pointers did little to help individuals having a difficult time finding a job due to their criminal activity. In fact, when the vocational worker was asked directly about potential resources for individuals with criminal histories, he did not have any and said he had not confronted this issue before. In the area of securing work, the case managers put a lot of effort into helping men find jobs, but they did not and were not able to establish connections with vocational programs or employers that were geared towards those with criminal histories. Because the inability of some to access the financial social safety net due to their criminal history, obtaining gainful employment was necessary to ease the transition into the community. This is especially true for those that did not have families or friends who could function as a safety net and provide housing and other resources. Work is important to encourage continued prosocial behavior and the time spent at work is time when one cannot engage in illegal activities. All involved in community reentry from prison agree that having a job is an important part of community reintegration, yet in this environment jobs were very difficult to get, work obtained was physically demanding and sometimes emotionally degrading, pay was poor, and jobs disappeared easily. The inability to find meaningful, financially supportive work contributes to a risk environment where a return to criminal activity may seem like the only way to provide financially for self or family as stated by this man who had been out of prison for 5 months and was having trouble finding legitimate work,

In this society today, it's either live or die. And that's the thought process that I'm sorry if nobody don't like it. But a lot of us live with that today. A lot of people in this world live with that today. You either gonna starve or you gonna do something, whether it's commit a crime, whether it's go to work. You can't get a job. You got all these people getting laid off. How in the hell are you supposed to get a job?

DMV/Driver's License

For some men, another obstacle to securing work was lack of driver's license. The ability to drive is beneficial as some jobs available require driving and driving is a reliable form of transportation to and from work. However, many men who have been incarcerated have lost their licenses and the process of getting licenses reinstated is very prohibitive in New Jersey. In the state of New Jersey, a judge can suspend a driver's license not just for incidents related to driving under the influence or being at fault in a fatal accident. Driver's licenses can also be suspended for nonpayment of court fees and fines, failure to appear in court, failure to pay surcharges, driving on a suspended license, driving without insurance, or leaving a car abandoned on public highway. Once a license is suspended, a \$100 restoration fee is imposed. Getting caught driving on a suspended license can result in additional surcharges and up to five years in jail. Once the suspension period has ended, individuals have to apply for a new license. Any new traffic violations within a year of restoration results in an automatic suspension with a new restoration fee. Multiple violations within a year of restoration results in longer suspension periods, and three suspensions in three years can result in a three-year suspension.

In addition, certain violations can be subjected to surcharges lasting up to three years after the violation. Nonpayment of these surcharges can result in a driver's license suspension. Violations resulting in surcharges include driving under the influence, refusing to submit to a Breathalyzer or blood test, driving without a license or on a suspended license, driving without insurance, and accumulating more than six points in three years. Driving under the influence results in \$1000 surcharge for three years and driving on a suspended license results in \$250 surcharge for three years. These surcharges are in addition to any court imposed fines or

penalties. If the individual does not pay the fine or set up a payment plan by the initial due date, driving privileges are suspended and an additional \$100 fine will need to be paid before driving privileges are restored. In addition a judgment could be filed in court in order to obtain full payment. The state does offer a payment plan, but application to the plan needs to initiate prior to the first due date, and payments made monthly thereafter. Missing a payment voids the payment plan and results in additional fines and judgments. Surcharge payments made by personal check or credit card are subjected to a two-month delay until the judgment is vacated.

Of particular note is that in addition to a license suspension and fines for driving under the influence of alcohol. New Jersey also will suspend a driver's license for two years for driving while possessing drugs even if the person is not under the influence of drugs. These violations, fines, and surcharges seem to be particularly onerous for men leaving prison. Because they were in prison, they did not set up payment plans, nor could they make payments while in prison. So they leave prison most likely with the maximum amount of fines and a judgment against them meaning that any wages could be garnished in order to pay fines and surcharges. Not having a driver's license is an impediment to work that pays well. Having wages garnished may encourage some to work under the table or return to illegal activities for financial means. Finally, the temptation to drive while a license is suspended is tempting, especially for those with little other means for financial or instrumental support. Once a license is suspended, it becomes very difficult for those with few financial resources to meet the requirements for reinstatement. This creates a hardship scenario that tempts one to flaunt the rules thereby setting one up for additional criminal activity by driving illegally and punishment when one is caught.

Dealing with Emotions

At this point in their release many men discussed a daily struggle in dealing with their emotions. Since leaving prison, they had to deal with the obstacles and difficulties with trying to reunite with families and reintegrate into society. Many men spoke of the stress in dealing with these challenges and how they have to work to control their anger on a daily basis. It is difficult to tell if dealing with their emotions was just a typical part of the reentry process for men who have

been in prison, part of a 'character flaw' that previously contributed to their criminal ways, or part of their mental illness.

While some men displayed psychiatric symptoms (depression, hypomania, responding to internal stimuli) during interviews, this was not commonplace. Most of the men in the CTI condition were taking medication, but many said they still felt intense stress and anger even while taking the medication. While they felt the medication was helping to control symptoms to some degree or lessen the intensity of these feelings, there was an expectation that the medications would help more. This could point to a problem with men getting the right medications and dosages, but more likely represents the limit to what medications can offer men in their situations. Their emotional needs are not just managing symptoms associated with a mental illness, but also dealing with the adjustment from a strictly controlled environment to an environment with more freedom, but also intense scrutiny and multiple obstacles to getting their lives back on track.

Experiencing stress and anger complicated relationships with family members, girlfriends, case managers, and other providers. Feeling anger because he could not find a job and start contributing to the household, one man reported that his frustration and anger about his situation was directed to those closest to him,

It's hard and now it's to the point where everything make me aggravated. Like the baby playing with the checker thing, whatever it is, is aggravating. Everything aggravates me. It don't aggravate me to the point where I want to... It's just everything aggravating and then because she's actually aggravating me is because I'm aggravating, I'm aggravating myself. It ain't got nothing to do with her but I take it out on her. I find little things to take out on her, her mother, my sisters, my brothers because I'm dealing with something more severe than like... They, everybody, established as far as living arrangements and whatever. They, they got and got their foot into and it's like I'm coming out here and I'm trying to do it all the same way they doing it and trying to go down the same route instead of going down the wrong route and going back to the streets and I don't want to do that.

Sometimes these feelings of anger spilled over into relationships with case managers who had to both defuse the anger and attempt to counsel the man at the same time. Men also reported that their anger would flare up when they felt disrespected by social service providers, pharmacists, or other medical providers. In these situations, men reported leaning on case managers to advocate or 'speak' for them so as to not display their anger and make the situation more difficult. For those who encountered difficulties with the system, having an advocate who could speak on their behalf was an invaluable asset the case managers provided.

Dealing with emotions was a novel situation for many of these men who were used to dampening emotions through drug use, avoiding meaningful social relationships, or having to tamp them down while in prison. Experiencing these emotions and acting or not acting on them was another factor contributing to an uneasy transition to community living.

Adjusting to New Roles

Embarking on this commitment to change their ways and avoid criminal activity, men encountered the roles often associated with prosocial late adolescent/early adulthood transitions. For many, this was the first time they had to learn to live on a budget, manage money, and live within their financial means. This transition from prison and desire to live a more prosocial life also meant that for some men this was the first time trying to fulfill roles as fathers, husbands, and boyfriends or assume the role as head of the household.

Facing the reality of not contributing to the household budget and having been used to easy money associated with selling drugs or engaging in other illegal activities, many men found it difficult to manage money or adhere to a budget. One man recounted how he was used to being able to buy what he wanted whenever he wanted to and finding it difficult to know live within a budget. Another man described having to tell his kids that things this time would be different than his previous releases from incarceration. Since he was not returning to criminal activity, the family would have less money and he would not be able to provide them with some of the activities and toys to which they had grown accustomed.

Besides these financial changes in their status, men also had to adjust to actually fulfilling some of the roles they had been just in name only previously. One man described how the family

was going through a transition period because his wife had a more relaxed parenting style than he did and the children were getting used to following his rules. Learning what was required of these roles and dealing with limited finances put both pressure and expectations on the men. These experiences added to the overall stress of being released from prison and trying to change ways.

Working with Case Managers

Overall most men were pleased with the CTI program and enjoyed working with the case managers. Most men said they decided to enroll in the program because they could see the potential benefit of getting some help when released from prison. Men reported that case managers helped with obtaining basic needs like clothing and temporary housing upon release. Case managers were also active in taking them to apply for public aid and Social Security benefits. Other activities included helping consumers obtain psychiatric services and helping men look for job. Case manager assistance seemed to be particularly crucial to a smooth transition from prison for some. One man reported his plan was to return to live with his girlfriend when he was released from prison. However, when he arrived at her apartment he found out she had a new boyfriend, he was not allowed to stay with her, and she called the police on him. Two hours post-release, he found himself in the back of a police car with no place to live, no money, no identification, and no possessions as she refused to return his belongings to him. This man was certain that if he did not have the case managers to rely on in the days following this incident, he would have returned to jail.

Some men recognized that there were limits to the program in that while the program helped people look for work and long-term housing, the program did not have jobs or housing for participants. Some seemed to accept these limits while a few others were vocal about thinking these limits affected their transition to the community negatively,

She [the case manager] does what she needs to do for me. It's only there's so much they can do. Now my thing is like if y'all program is supposed to be helping people, why don't y'all get some jobs lined up for these guys that's coming home? Some of these guys are coming home with nothing.

Case managers also reported that some men declined to be in the CTI program once they found out that housing was not part of the program. The time-limited nature of the program was another limit that men and case managers commonly identified as a problem. Most thought that nine months was not enough time for men to be in the program as their needs are great and that 12 or 18 months would provide more time to transition to the community.

Men, who were engaged in the program, valued the help of the case managers, especially the emotional support and unconditional positive regard they felt from case managers. All recognized that participation in the program was voluntary and that they were not required to do anything to remain in the program. Because the case managers were so successful at providing emotional support and acceptance, men said they felt it was important to be honest with the case managers, especially about behavior and illegal behavior or drug use, as they thought it was important to “keep it real” and were afraid of losing the case managers’ trust if they lied to the case managers.

The few men who did not have good relationships with case managers were not understanding of programmatic limits like no housing or direct access to jobs. These men had personality conflicts with the case managers or were suspicious about case managers motivations. These participants seemed to think workers could have or should have done more for them or that workers had some ulterior motive and were not really interested in helping them. Generally, these participants were a bit younger than those engaged in the program and it is difficult to tell what fueled their displeasure with the program. An inability to form trust in a short time, an expectation or knowledge that concrete resources like housing and jobs would help in staying out of jail or prison, or lack of desire to refrain from criminal activities are all possible explanations for some men’s lack of interest in the CTI program.

The men, in the Enhanced Reentry Program (ERP) or control condition, received referrals to aftercare services and a booklet of resources in Camden County. While this is more than men typically receive when leaving prison, those in the control condition did not have case managers assisting them in accessing resources or advocating on their behalf. They had to navigate access to services and resources on their own. Often this resulted in not connecting to

resources either because they were not sure how or because there was no one helping to prioritize needs like mental health treatment in tandem with more basic resources like housing and income.

The process of transitioning to the community was a challenging endeavor. After an initial commitment to staying out of prison and hopefulness about their future, men had to learn to modulate their expectations about finding work and establishing financial security, navigate sticky situations with family members, and learn how to manage their emotions. Some men also were learning to do things the “right way” for the first time. Having been involved in the drug trade or other criminal activities that produced quick, easy money, they did not know how to budget money or live within their means as expressed by one man,

‘Cause before I got locked up I was selling drugs and doing a whole bunch of different stuff so I ain’t, I ain’t have no worries [about money]. I didn’t have to worry about budgeting money and managing money, going to the grocery store using coupons, I just picked something up like, “Alright, what you want? That, that, that, that. Alright get it.” Now I gotta learn how to budget money and how to save money and I’m... it’s a lot.

How well men negotiated these challenges and succumbed to the pressures of the environment was related to their ability to stay out of the criminal justice system.

Dealing with Reality

After initial tasks and the novelty of being out of prison and adjusting to being in the community, the reality of many men’s situation settled in to their thoughts and actions. By this time, they have realized that finding and maintaining work is elusive, reuniting with family members or other significant others is fraught with difficulties, and an eroding safety net does not really include them. They realized that there are limited opportunities in Camden for a more “normal” lifestyle and how challenging it is to live a legitimate life under these circumstances. At this point, many may have come in to contact with the criminal justice system, either through maintaining contact with a parole officer, an arrest for a new offense, or an execution of a warrant. Of note, very few of the men were on parole upon release from prison. Many had been

on parole previously, but had violated the conditions of their parole and were sent back to jail. Many felt that parole was set up to make them fail, so most felt serving their entire sentences and getting released without any supervision was a better option.

“Hellhole that is Camden”

As reported in Chapter Three, Camden's plight is similar to that of many post-industrial cities who were built on the economic boom of manufacturing only to have the work disappear and rising racial strife induce many white middle-class families to leave the city and move to the suburbs. However, the city of Camden has not recovered from these circumstances and has experienced phenomenally high rates of poverty and crime, very often acquiring the distinction of being the poorest and most dangerous city in America. These circumstances did not escape the men who were trying to rebuild their lives in this environment. One man described it as, “The Hellhole that is Camden” and his words echoed a unanimous sentiment shared by those in the study. Some men were able to escape the city, if they had family members who lived in the suburbs. While this did provide some relief from the everyday stresses of living in the city, men still had to enter the city to access resources or attend medical appointments, as the social and medical services are concentrated in the city. Whether a permanent resident or daytime visitor, the city of Camden is plagued with easy access to drugs and criminal activity and can be a dangerous place coupled with high police scrutiny making men with criminal records targets for arrest.

Easy access to drugs. There is the perception that drugs are readily available in the city of Camden. While few of the participants revealed current drug use, there was more talk about past drug use and places where drug activity is happening in the community than actual drug use. Men talked about actively avoiding areas like known drug corners where drugs were being sold. However, this was much easier for men living in the surrounding communities rather than in Camden. Most men living in the city could identify an area on their block or within a few blocks to avoid due to drug activity. Additionally places like the main transportation center in Camden where there is a lot of foot traffic was a potential place to be alert to drug activity. This was an

area where drugs were certain to be peddled coupled with the potential to run into former drug or criminal associates.

Those trying to stay drug-free would engage in multiple strategies to either avoid these areas in order to reduce the chances that they would begin to use again. One man reported that he would wear headphones when going into Camden, as this would stop people from approaching him or so that he could easily ignore those hawking drugs. Another participant revealed that he rarely went outside alone. He always tried to have a family member accompany him when leaving the house, as this would help him to fight the temptation to return to drug use.

Unfortunately for those with long drug histories or those living in the streets or shelter of Camden, it was more difficult to avoid the places and people associated with drug use than those who did not have such histories or had a safe place to stay. One man reported losing his sobriety because he ran into a former girlfriend who asked him to buy drugs for her. He did so with no intention of using himself. She took a large quantity of drugs and he became concerned about her safety so decided to stick around to monitor her. Being with her while she was under the influence of drugs for several hours chipped away at his willpower and he relapsed. This incident cost him his place at the halfway house and he returned to prison to finish out his sentence. Many of the men who stayed at the city shelter reported that drugs were accessible in that environment and drug use rampant. Those who only had to stay a few days or weeks were thankful of escaping that environment knowing their days remaining drug free were numbered there. Another participant reported that he took prescription drugs from a friend's medicine cabinet while at a party. The cops stopped him on his way home and he was arrested for possession of a controlled substance.

Case managers agree that substance use is a big problem for those leaving prison and that the men who returned to drug use were destined to return to jail. It was cited almost unanimously amongst CTI staff as the biggest contributor to recidivism. First of all, it interferes with the engagement process the team is pursuing with the men,

Um...I think it is primarily it is the substance abuse component of the mental illness is where the problem is I find. That kind of brings about certain reactions

and ultimately leading to them ending up [back in jail or prison]...If someone is able to stay sober, then (he is) far more likely to succeed, at least in the aspect of not recidivism. Someone starts using and whatever engagement we have is going to be lost. That seems to be a very big thing.

Secondly, a return to substance use often led to engaging in other criminal behavior,

I: So for those who do violate or go back to prison or jail and are charged, what do you think are the most important reasons why that happens? You said a number of people have had that happen. What do you think is probably the causal factor in that?

R: A lot of them have substance abuse. Major things.

I: They're getting picked up on new substance abuse charges or they're doing crimes to support their habits?

R: They are doing crime to support their habits? They start using. When they start using they start reoffending, doing what they are not supposed to be doing. The main thing is substance abuse.

However, case managers' strategies for dealing with substance use was primarily limited to referring to formal treatment. A few times case managers tried to utilize family members for help, but often this was around convincing someone to go into treatment. Neither staff nor consumers related instances of discussing harm reduction techniques around drug use or use of other strategies, such as addressing ambivalence, for those not yet ready to enter formal treatment. By limiting their substance use interventions to linkage to formal treatment, the CTI team may have missed other opportunities to help men refrain from drug use and remain in the community.

Most men also agreed that a return to drug use would inevitably mean a return to jail or prison, "Oh, yeah. I mean like if I never picked up drugs I never would've went to prison but once I do pick up drugs I'm going back to prison. It's inevitable." This path would happen in one of three ways. One route was more direct and includes arrests for drug use or possession. The second route is a little less direct, but common, and includes committing crimes, like burglary or robbery, to support a drug habit. Finally, a lesser reported phenomena is being under the influence of

drugs which compromises one's judgment in that one commits a crime without thinking of the repercussions (like taking prescription drugs from your friend's medicine cabinet) or that one's judgment is compromised that he cannot extricate himself from a situation that could lead to arrest (walking down the street at 3A.M. with a group of guys and carrying a gun and not thinking that you should run away when the cops approach). The combination of easy access to drugs and the pathway of drugs to jail or prison give deterministic certainty of recidivism for many of the men struggling to stay clean. These qualities of the risk environment along with the only treatment option being formalized treatment all but ensures that a return to drug use upon release will lead back to jail or prison.

Accessible and multiple opportunities to engage in illegal activities. Besides using drugs, the illegal activity that most participants discussed was selling drugs, especially for those that had done this previously. This endeavor was particularly tempting for those having trouble meeting basic financial needs and/or trying to contribute to the family household. Some did return to selling drugs as a temporary measure until they got back on their feet. This man describes the tension around deciding to return to selling drugs,

It's hard and I got kids too. It's hard. It's hard for me. It's not easy but I try to make the best of it and keep on moving. I try not to get myself in no trouble. I try. But when I came home this time I started selling drugs again. I started again. I didn't care because I said I'm not gonna starve. I tried to go get a job too. It's not like I didn't try to go get a job first. I tried to get a job. But the only job I had wasn't taking care of me. Like I need to be taken care of. Personal hygiene things, paying my bills, things that I need, not that I want; and I couldn't even get the things that I needed so I had to do what I had to do.

One man did not enter the drug trade directly, but escorted people from the suburbs in to the city to buy drugs. They got arrested and he spent a few days in jail. At his arraignment, he was truthful with the judge about his role and the judge, liking his honesty, dropped the charges.

In addition to the drug trade, there were other opportunities to engage in illegal activities. Many poor, urban areas operate within and around an underground economy (Venkatesh, 2006),

and Camden is no exception. Whether it was participating in the trade of potentially stolen goods or operating an illegal business (handyman, barber), these avenues were often more accessible ways of generating income than legitimate work.

Dangerousness. There is also the perception that the city of Camden is dangerous. Most men had stories of being the target of physical violence and having concern for their and their loved ones safety. Many men recounted traumatic events associated with being on the streets which ranged from getting shot to witnessing to violence. In some cases there is a sense of inevitability that this is just how it is and there is not much to escape these life situations. For others this translated in to a “tough guy” stance where you strike before others can get you. Men who could leave Camden had fewer concerns about their daily safety.

Best Laid Plans...

The best laid schemes of Mice and Men
oft go awry,
And leave us nothing but grief and pain,
For promised joy!

Excerpt from *To a Mouse* (Burns, November, 1785)

Several times while speaking with men about their experiences, I could not help but to think of the above excerpt from the Robert Burns poem. Men tried to “not cheat” and make pro-social plans for their futures. However, these plans often went awry either by their own poor choices in the moment or larger forces seemingly conspiring against their efforts at a crime free life.

Disruption of pro-social plans. Despite their best efforts at making plans that would support their desire to change ways and avoid criminal activity, these plans were often thwarted. The instance discussed earlier of the man whose plan was to return home to live with his girlfriend only to find out she had another boyfriend is a good example. Not only did she call the police on him, but she also refused to let him collect any of his possessions in their home, including clothes and his identification. His situation changed from a joyful reunion to possible arrest and destitution in a matter of hours. Another man thought he had found work with a friend who was roofer only to have that thwarted by his lack of a car and driver's license to get him to

job sites. Another man planned on living with family upon release only to find out that because he was a registered sex offender and his sister's children were in the household, living with them would be a violation of his parole. These incidents occurred on many levels, but always disrupting a plan towards stability.

Social networks based on drug or criminal activity. Many men's social acquaintances revolved around using drugs or committing crimes. When one is engaged in these behaviors, having a "running buddy" makes sense as it provides a layer of protection against getting caught, being a victim, and provides a forum for pooling resources. However for guys leaving prison and making a commitment to staying out, these relationships could be dangerous, especially if former acquaintances are still engaging in illegal behavior. For men engaged in a daily struggle to stay clean continuing these relationships pose a risk towards re-offending or resuming drug use. There were very real concerns about being with someone who has drugs for their own use or to sell, but you having no idea they're carrying drugs. Or knowing what is going on, but not really part of the drug use or illegal activity. However, these situations put one at risk for arrest. Past social relationships may have been based on drug use or other illegal activity and it is difficult for men to terminate all of these relationships. Some men understood this scenario and opted to isolate themselves and cut-off contact with former associates. However, making this choice resulted in having very few social contacts and a very lonely existence. One man who had cut off contact with his former drug-selling cousins and was trying to portray a typical suburban father struggled to explain his lack of employment and whereabouts for the past several years to new acquaintances. Being isolated is another enduring factor for those trying to stay clean and out of trouble.

Getting caught in someone else's mess. Even for men committed to avoiding illegal activity just moving around the city of Camden could be detrimental to remaining in the community. Getting caught in someone else's mess is basically being in the wrong place at the wrong time. It may entail passing a known drug corner when a drug bust occurs and getting caught up in the sweep. This fear was very real for one man whose family paid for an apartment for him in Camden as he was a registered sex offender and could not live with any family

members because there were children living in all of the family households. His fear of getting caught in someone else's mess meant he only used the apartment, for which his family pooled their meager resources, as a crash pad,

Mm-hmm. I don't really stay there or nothing. They sell drugs around there. I don't wanna be in that environment around there. You walk into the store and the cops come and raid... I walk into the store and I get hanged up with it. The drugs, they got hidden somewhere and all of a sudden I'm trying to explain like 'I had nothing to do with it.' So I just go to sleep over there, go to work, and I come here. Then when it's time to go to sleep I go back over there.

These situations produce risk for arrest and possible reincarceration in this type of environment. In a place like Camden, police are not likely to give one the benefit of the doubt, especially to those with criminal records. But in this environment, it's very difficult to separate oneself from illegal activity even if one is no longer interested in participating in criminal activities.

Getting Ensnared in the Criminal Justice Net

Despite efforts towards changing ways, men often came in to contact with the criminal justice system. For some contact with the police involved being in the wrong place at the wrong time or stem from being known by police, for others contact with the police was just a part of living in Camden and having a criminal history. These police contacts and triggers in the system that returned them to jail happened with enough routine frequency for some that it had become routine.

Warrants. In addition to detainers men experienced upon release from prison, warrants could be issued for new criminal charges, nonpayment of fees and fines, or nonpayment of child support. New Jersey law does not allow the issuance of warrants for nonpayment of fines, assessment, or restitution during the first 90 days following a release from prison. But after 90 days jurisdictions can issue warrants for outstanding fines or restitution fees. If an individual comes in to contact with the police for any reason and the police officer checks his name, he will get picked up on a warrant and brought to jail. While some of these warrants were issued for the commission of a new crime, it was more common for warrants to be issued for nonpayment of

court fees and fines and nonpayment of child support. Because of the 90-day moratorium on collection of these fees post prison release, these warrants for nonpayment would seem to pop up at any time and trip up individuals unexpectedly. While individuals may be aware they have outstanding fines, they cannot know when a warrant has been issued until they have been picked up by police and have been returned to jail.

These unexpected returns to jail are difficult, especially for the individuals who have made a concerted effort to refrain from engaging in illegal activity. First of all, it is disempowering to go back to jail when you haven't committed a new crime. New jail time may make it more challenging for family and friends to continue providing support even if the return to jail is only related to nonpayment of fees and fines. Secondly, individuals leaving prison tend to have very limited income and paying these fines not a priority, especially when one is struggling to secure permanent housing, to find work, or to provide for a family. In addition, the inability to plan for when these warrants will be issued creates additional problem for individuals as they cannot expect or plan for when they may be taken in to custody. Time spent in jail further frustrates community reintegration with more time spent removed from the community. Returns to jail may impede progress on other legitimate, pro-social goals such as completing with the requirements of an SSI application, keeping doctor appointments for medical or psychiatric care, making progress on working with the DMV to get a driver's license reinstated, and perhaps, most importantly, rebuilding relationships severed from a prison stay.

One man expressed his frustration as spending a month in jail after being pick up on a warrant for non-payment of child support. This return to jail occurred about six months after he was released from prison and during the month he was in jail he missed an appointment for a disability evaluation associated with his Social Security application, an intake appointment for medical care, an appointment with the Department of Transportation to work out a payment plan towards reinstating his driver's license. Up until now he had had a pretty positive outlook for his future and ability to stay away from criminal activities,

See this is the problem with me. The thoughts are now entering...the criminal, the negative. Where I was so...before I was so positive. Remember I said, 'Stay

positive?' Everything was positive. Now, the negatives are now entering my thought process. You understand? Now the decision-making is...everything is... because I really am frustrated because now I got...everything is gonna be screwed. It's another month. I'm back...everything. You say, 'Yeah, what's a month? What's a month?' But I've been working hard since January trying to accomplish everything I possible could and you can't do everything in one day. I'm fighting this. I'm fighting this. I'm fighting that. I'm trying to do this. I'm trying to do that and everything. I've just gotten knocked back everything, everything, everything, man.

Heightened police scrutiny. An environment like Camden that has high rates of drug use and multiple opportunities for illegal activity is also subjected to heightened police scrutiny. Men talked extensively of taking measures to not attract the attention of police even when they were not engaging in illegal activity. Men felt that they could get stopped for any reason, police would possibly search them, and police would definitely run their name for any outstanding warrants. For guys who had outstanding fees and fines, a warrant could be issued at any time. If there were an active warrant, it would mean minimally an overnight stay in jail for most men. Police tolerance for certain activities was low in certain city blocks of Camden. For instance, one guy had been homeless for five months after he left prison; also liked to drink beer. Unfortunately, Camden has an open alcohol container ordinance and he racked up many fines for having an open container of beer on the streets. The feeling that the police are watching and their status would result in jail time was common among the men,

They lock you up for every little thing. You know what I'm saying? It's like it's a police state. Like if you ain't a cop and you ain't this and you ain't nothing, you going to jail. It's just that simple.

Other than the judge dismissing charges for the man assisting others in buying drugs, there were no stories of police or others in the criminal justice system giving men a break of the benefit of the doubt.

For men considering engaging in illegal activity, police scrutiny was a consideration as there was inevitability that criminal activity will result in arrest. One man described a return to selling drugs a temporary endeavor to get back on his feet after leaving prison knowing that if he stayed in the game for too long he would return to prison. He was picked up for possession of a small amount of drugs, but was released and waiting for his court date. This arrest contributed to his decision to ultimately stop selling drugs saying it was too risky. During the time period of this study, the City of Camden had to lay off half of its police force due to budgetary constraints. While some men saw this development as an opportunity to engage in criminal activity without the same level of scrutiny, most men saw the reduction in the police force as an opportunity for others to engage in criminal activity and expressed concern about their or their family's safety.

For men not engaging in criminal activity, police scrutiny was always a concern as involvement with the police would mean being delayed and possibly a night in jail for a warrant or an extended return to jail if implicated in someone else's mess. The men wanting to stay out of prison or jail this threat was very real and an additional consideration in the daily internal struggle to stay clean despite environmental and structural conditions pushing individuals towards a return to illegal activity.

Continued entanglement with the criminal justice system seems inevitable for men leaving prison. Even if one refrains from engaging in criminal activity, non-payment of court fees or fines and child support can land one back in jail. This is disheartening for those trying to stay straight and devastating for families' trying to support them amongst limited resources and lots of concern and doubt. This happens against a backdrop of policies and practices making it difficult for men leaving prison to access resources towards a more pro-social life. These circumstances combined with a dangerous and poor environment with many opportunities to re-offend all contribute to a heightened risk towards reoffending.

CHAPTER 5

Individual and Intervention Implications Associated with the Risk Environment

Limited Choices and Heightened Risk for Reoffending

Men leaving prison face limited choices regarding housing and jobs and are subject to further punishment post-release as unpaid court fees and fines turn in to warrants for arrests and a suspended license reduces opportunities for self-sufficiency and increases chances for reoffending. Men with family ties and those involved in the Critical Time Intervention (CTI) program had support and assistance in navigating these difficult situations. However, there remained daily challenges to staying out of trouble and ultimately out of jail or prison. This tension between “not cheating” and “doing right” was a daily struggle for men in an environment with easy access to drugs and illegal activity under the heightened gaze of police scrutiny.

All of these tensions played out in the city of Camden that has been described as “the hellhole that is Camden”. In an environment like Camden where urban 21st century problems like concentrated poverty and high crime occur within a high concentration of historically disadvantaged groups of people, individuals tend to focus on immediate issues of survival and safety. Upon closer examination, it is easier to see how these sobering statistics associated with Camden translate into an even more sobering experience for those trying to avoid crime and remain out of jail or prison.

Production of Risk

The examination of the reentry process from prison and transition to the community for men with mental illnesses points to several ways in which risk for reincarceration is heightened. These policies and practices impede a smooth transition and extend punishment into the community. While this has been well documented among the general incarcerated population (Mauer & Chesney-Lind, 2002), there has been little documentation of these practices also extending to the population of persons with mental illnesses. Unfortunately, interventions for this

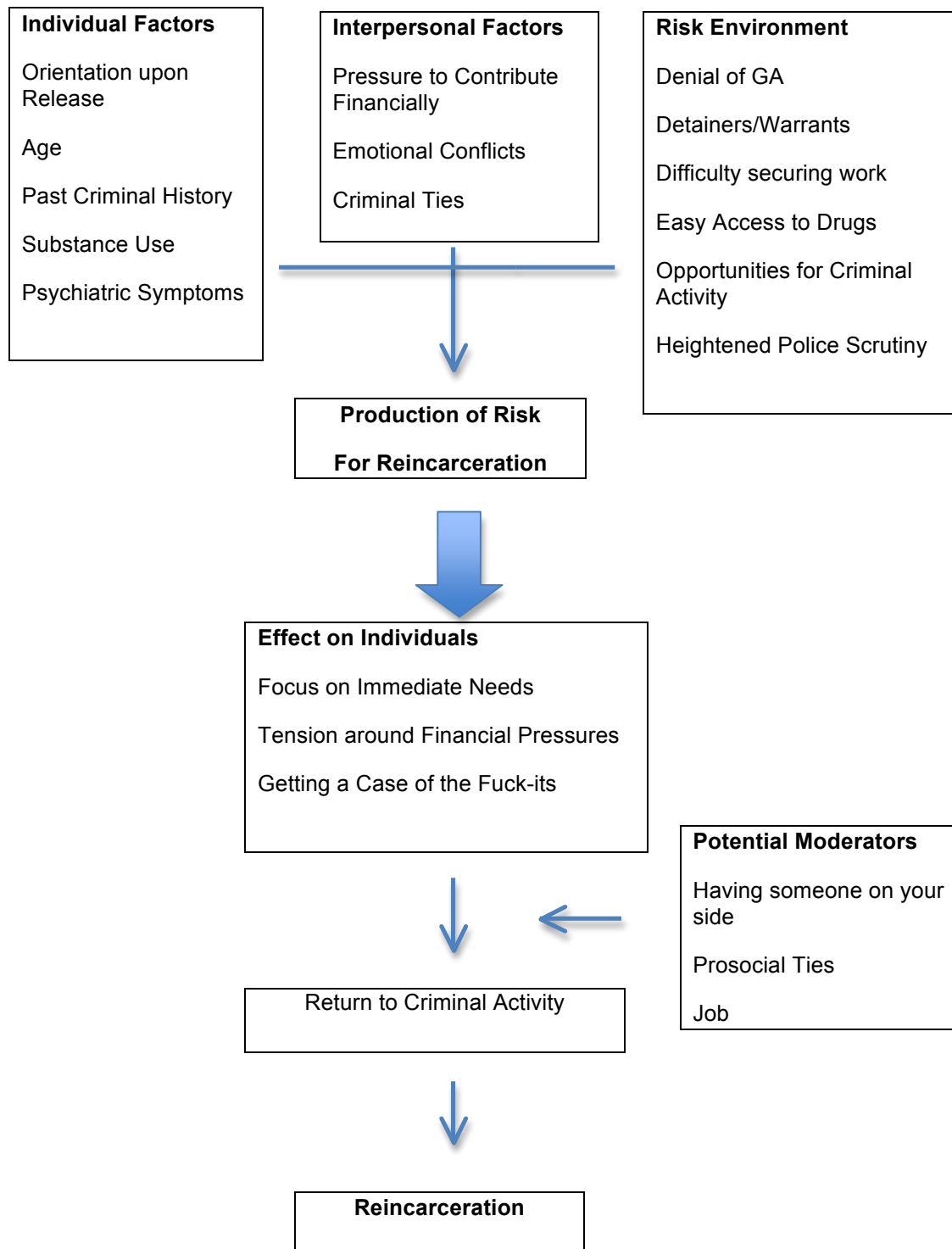
population have focused mostly on linkage to mental health treatment without corresponding structural interventions.

In addition, explanations for reincarceration focus mostly on individual level factors like criminal history, criminal thinking, substance use, age, and psychiatric symptoms when evaluating the risk potential for reoffending (Epperson, Wolff, Morgan, Fisher, Frueh, & Huening, 2011). This study widens the focus to also include interpersonal, environmental, and structural factors that contribute to the production of risk of reincarceration. Furthermore, this analysis examines the ways these factors interact and combine to increase the risk of reoffending.

In this environment risk towards reoffending is produced when General Assistance benefits are denied to a man because he has a drug conviction, when there are few opportunities for work and hiring practices weed out those with criminal histories, when drugs and illegal activity are more accessible than jobs and housing, and when criminal justice policies and surveillance practices make men feel like they are living in a police state. These influences make a personal commitment to changing wayward ways a decision that one has to recommit to every single day in order to sustain a chance of personal success and these circumstances increase the overall risk of reincarceration.

The goal of this study was to develop a depiction of how the risk environment increases the risk for reincarceration for men with mental illnesses leaving prison. I developed a working model (see Figure 1) that represents of the production of risk across individual, interpersonal, and environmental domains. The individual level factors are most commonly studied and cited as the contributors to reincarceration. This study has identified the risk environment and interpersonal factors that also contribute to a return to criminal ways and reincarceration. These three categories: individual factors, the risk environment factors, and interpersonal factors combine to produce risk for reincarceration. The effects of this increased risk on men cause them to have an immediate need orientation, experience increasing tension around financial pressures, and ultimately getting a case of the fuck-its where they decide to chuck everything and return to criminal ways. This most likely means a return to criminal activity and eventual reincarceration;

Figure 1. Heightened Risk for Reincarceration



however, there may be some potential moderators that may buffer the effects of the risk environment and help to keep men from returning to criminal activity. For example, having someone on their side, who believes in them seemed to give me that extra motivation to try to avoid getting into trouble. Likewise, having people who are not involved in criminal activity and having a job are all potential factors that may help keep someone from returning to illegal activity.

Impact on Individuals

“Returning to society with nothing sets up one for a return to crime.” This statement was uttered by a participant when discussing his frustration about the lack of concrete assistance he received after his release. The statement concisely captures how the production of risk operates in this environment. Men have high needs when they leave prison and few resources for meeting those needs. Furthermore, financial and social safety nets designed to support individuals in transition from institutions to the community are not available to many of the men leaving prison. They are denied most of these pro-social means of support, leaving antisocial means as the more viable option for providing for self and family. Moreover this seems to be a process that for some happens quickly and for some is a process that seeps in slowly over time and with continued denial of pro-social opportunities. With support from family, friends, and case managers who can help navigate the process of reentry and access to services, some men are more able to avoid this push towards reoffending, but for those without support the will to avoid reoffending is much more difficult.

Prioritizing immediate needs over long-term goals. Because these men leave prison with nothing and encounter so many difficulties in accessing resources, they tend to exist in a survival mode. While some of this may be leftover from past engagement in criminal activities or merely because they are leading difficult lives in a dangerous environment, the lack of stable income and housing clearly contributed to this orientation. The tendency was to focus on immediate needs rather than longer-term goals. For example, men focused on meeting immediate financial needs through securing any type of work they can get rather than trying to acquire some job training or education that would improve their chances of getting a better paying job. The lack of any sort of financial safety net upon release from prison makes taking any job the

only option for many. Limited opportunities for accessible training programs also contribute to this immediate need focus.

Likewise, this immediate need focus also extended in to other areas like psychotropic medication. While most men recognized that medication would be helpful and they should be on meds, it wasn't a priority for them. Medication rarely factored in as an immediate need for the men when asked about their priorities post-release. Part of deferring this task may have to do with the hurdles and wait-times associated with accessing mental health treatment. Thus, it seems, the men see the connection to mental health treatment as no more critically urgent than the service system does. Men working with CTI were more likely to have medications as a result of case managers prioritizing this as a goal and linking men to providers. Men in the control condition rarely followed up with a psychiatrist upon release. Most thought taking medication would be helpful, but it just was not a priority among all the other tasks.

Tension between providing for self or family and a return to illegal activity. Not having money, not having good prospects for legitimate work, or working in a low paying job contributed to the tension between returning to or refraining from illegal activity. This was especially true for those who had history of making money from selling drugs. They know the ins and outs of this activity and how lucrative it can be,

That's the main thing about this...I can support myself if I want to go back to selling drugs, but I'm, not tryin', I don't want to do that. I'm trying hard to stay away from it, but, you know, everyday, day-to-day obstacles and stuff push you further and further away.

This tension was also more apparent for men with children who felt a responsibility to provide for their families and having a difficult time doing so with legitimate means.

While knowing that returning to illegal activity would inevitably lead them back to jail or prison, they often engaged in bargaining or gaming by thinking that if they sell drugs for a little while (like a month or two) just to get back on their feet, they could avoid getting arrested. Despite knowing going down this path would likely bring them back to jail, they still considered

taking the risk. Getting arrested for a lower level offense played a role in deterring men from thinking about selling or stopping selling drugs if he had started.

Getting a case of the fuck-its. As stated previously, dealing with emotions was a big concern for many of the men. However, one particular type of emotional reaction was stronger than the others and could push a man towards drug use or illegal activity. One man described it as “getting a case of the fuck-its” which meant having an emotional reaction to something and instead of dealing with his emotions or the situation he would use the situation as an opportunity to return to drugs or other bad, often criminal, behavior. This would start a downward spiral which was certain would lead back to jail or prison. Other guys talked of this inclination to just say, “fuck it” and return to their previous ways.

This emotional reaction is a significant trigger for many men. They have not learned how to manage their emotions in a positive way and their mental illness as well as past criminal thinking and behaviors may heighten emotional reactions. Many men come out of prison committed to changing their ways and hopeful for a different future. They easily become frustrated with the lack of pro-social opportunities and continued criminal justice surveillance and it becomes difficult to manage strong reactions to their situations. Having people who they trusted and could help them manage their emotions was critical for many men. Men spoke of case managers or family members to whom they could vent and could remind them to be patient about achieving their goals. However these positive attitudes were tenuous and “getting a case of the fuck-its” could happen at any time.

Sometimes men did not make a calculated decision to return to illegal activity. Occasionally a potentially lucrative, but risky, opportunity would materialize and men would have to make a quick decision about what to do. Depending on their emotional status, other prospects for income, and potential risk of getting caught, men may risk illegal activity for this one-time opportunity.

Having limited opportunities and high needs upon release from prison puts men in a precarious position of weighing a pro-social meager existence against a possibly more lucrative but dangerous antisocial existence. The lack of opportunity coupled with an orientation towards

immediate needs, managing emotional reactions, and wanting to provide for self and families increase the risk for reincarceration for men with mental illnesses leaving prison.

Suppressing the Intervention Effects

The production of risk in this environment did not only impact individuals, but had an affect on the CTI program as well. Aspects of the risk environment made case managers jobs more difficult and required them to develop and rely on interpersonal skills for engagement. They also had to be prepared for men to be unavailable to work on goals if they were returned to jail on a warrant or for a new offense.

Barriers to engagement. Some barriers to engagement interfered with CTI being implemented as intended with this population. One of the tenets of CTI is to engage individuals while there are still in their prior (usually institutional) setting prior to their transition to a community setting. Because the men were in prison across the state of New Jersey, it was difficult and time consuming for workers to visit with the men prior to their release. All men had at least one visit from the CTI staff while in prison which was an intake assessment. Early in the study, before case managers had full caseloads, case managers were able to make one or two additional visits to men while they were still incarcerated. Making connections with case managers and developing plans for post-release is an important step in the transition from institutions so as to not lose individuals as they move from one place to another. This engagement process prior to release is an important part of the CTI model, but was not part of this intervention due to the logistical barriers. All of the staff felt that this inability to engage with men prior to release had an effect on their engagement,

It's a little bit different because if they are well engaged prior to their transition into the community, they will have developed like a bond, be better engaged. They would have developed a relationship with their case manager, and it will be easier for the case manager to then work with them. When they get their own housing and things like that because the relationship will be different from this group of people that are at the prison where we don't have ready access.

Because case managers did not have the opportunity to accomplish this with the incarcerated men, they did lose some individuals during the transition from prison to the community.

As a result of losing some individuals in the transition from prison, case managers started getting permission to contact family members during the initial visit in prison. They then would call the family member prior to the men's release and inform the family member that the case manager would be providing services upon release and go over the program. It also allowed the case managers to contact these family members upon release in order to find individuals. This approach did result in some men contacting the case managers who might have not contacted them. One man said that his aunt kept reminding him that the case manager had called her several times looking for him. Her prompts resulted in him contacting the case manager and ultimately receiving services. However, this only worked for men who had remained in contact with family members during their incarceration or for men who still had ties to families and were willing to let the case managers contact their family members. Additionally, some family members were not initially supportive of maintaining contact with the men upon release. Some families wanted to ease back in to these relationships and the men needed to prove that they were serious about refraining from criminal activity before family members were willing to have regular contact with them.

Another way to prevent losing individuals during transitions from institutions to the community is to accompany them during the transition by providing rides from the institution to the community. However, several factors in this study prevented case managers from being able to pick men up from prison. First of all release from prison to the community may be impeded by detainers meaning the man would not be released but transferred to another jurisdiction. So time and place of release is not always known making it difficult for case managers to pick men up upon release. Additionally, since enrollment in the study could happen at any prison in the state of New Jersey, travel times to the prisons was long also making it difficult for a two person case management team to pick someone up from prison and have time to work with men in the community.

Logistical challenges associated with men transitioning from prison prevented case managers from executing pre-CTI engagement tasks that have been performed in more accessible institutions like homeless shelters or psychiatric hospitals. While case managers devised practices enabling them to address losing individuals during the transition from prison, they were not able to escort people from prison. This practice has shown to be an important, transformative experience in other case management interventions with the same population (Angell, et al., in press). Once individuals were out of prison, case managers worked especially hard to engage the men they connected with post-release into the program. However, the structure of the risk environment of the community did pose some challenges for case managers.

Reliance on emotional support for engagement. One of the first tasks of case management interventions for persons with mental illnesses is to secure temporary funding like General Assistance (GA) while working on an application for longer term funding. Also the application process for GA is often coupled with the application for Medicaid or state medical benefits for the indigent. However, a good portion of the men in the study coming out of prison with drug convictions makes this task obsolete for case managers. This stymied case managers initially so much so that their preference would have been to exclude those with drug convictions from the program, as they did not know what they could offer these men. This task is also an important step in the engagement process in case management. Case managers “prove their worth” as resource acquirers by making good on accessing resources for individuals. This helps the engagement process as consumers begin to feel some trust and regard for their case managers. Since case managers could not rely on getting benefits and access to housing for some men, they relied on emotional support for engagement with individuals. This emotional engagement was built through a narrative of instilling hope within men and echoed by all of the staff involved in this program. Case managers invoked a positive attitude with the men and refrain from judging the men which they saw as an important component of engagement,

Um, the best way to get to them is not to judge them, and to sort of identify with their concerns, their fears, and give them hope. When you show...you don't

judge them, it makes them have more – see you more like a friend. Everywhere they've been going, they always talk down. Make them believe that they are somebody. That they are not just a useless entity or somebody that is insignificant that is of no use. When you do that, when you listen to them and you don't judge them or you give them a sense of hope, it makes them get attracted to you, and when you show them that you care, it's not – during case management job, it's one thing to do it as a job because you get paid for it, but it's another thing to do it from the heart because you really care.

They also ascribed to behaviors that let men know they were important such as doing what they said they would do and showing up on time for appointments. Case managers would call to check in with the men and give helpful, yet forceful, reminders to men about keeping appointments and following up on tasks. They also provided what services they could for individuals. In addition to money and housing, other important tasks upon release from prison are acquiring identification and getting new clothes. Case managers were quick to address these tasks when men were released. Surprisingly, these mundane tasks had an emotional quality for the men,

They just gave me food vouchers and stuff for Shop-Rite, then they took me for one of the clothing vouchers, a \$150.00 clothing voucher for some clothes. And, basically, anywhere I needed to go they take me, like doctors' appointments and all that stuff, so it's been good. It kept me less stressed because I know me, if I wasn't in this program I'd probably be back in jail.

For the program staff, a narrative of instilling hope guided their work and in some cases was all the staff had to offer some men,

We just try to educate them on how they can get the limited resources that is in the community despite the fact that they have been blocked out in a lot of areas, but we can give them hope. We raise their hopes.

Disruption of progress on goals. Men's progress on treatment goals was often disrupted by returns to jail either through commission of a new crime, but more often as a result of a warrant for nonpayment of fines or child support. Regardless of the cause of the return to jail,

the removal of men from the community impeded progress towards securing psychiatric and medical treatment, applying for Social Security benefits, restoring a driver's license, and obtaining or maintaining work. Time spent in jail meant that men missed appointments for these important services that would help to establish a more pro-social existence that does not rely on illegal activity. It also delayed achieving goals in an otherwise realistic timeframe with similarly situated individuals. Since Critical Time Intervention is a time-limited program, these disruptions to progress on goals were significant, as some goals were not achieved by the end of the nine months. All involved in the program agreed that the 9-month time limit for CTI was not enough time to accomplish goals for most men and that extending the program to 12 or 18 months would be a more realistic time frame. These disruptions meant that the last month of the program was sometimes a frenzy of activity for last-ditch efforts to secure services and create linkages to ongoing services. Many of the men in the program and all of the program staff thought that the program should be longer than nine months. More time to work with case managers towards progress on goals would have benefitted many of the men in the program.

Men leaving prison are oriented to avoiding prison through changing in their behavior and avoiding individuals and situations that may lead them back to criminal activity. However, they quickly encounter obstacles to successful community reintegration through restrictive public policies, discriminating employers, and few resources from which to draw on to build a new life. These conditions contribute to an "invisible punishment" (Chesney-Lind & Mauer, 2003) that follows men from prison in to the community. This orientation towards prosocial behavior can quickly disintegrate against this backdrop, especially when coupled with intense pressure to provide for self and family and a rising tide of emotions that are difficult to manage and can alienate sources of support. As the months pass by and men's hopes for staying out of jail or prison, finding work, and reuniting with loved ones diminish, the pressures to return to drugs or crime rises increasing the risk for arrest and eventual reincarceration. Remaining committed to staying out of prison after these initial setbacks involve help from family and case managers along with a good amount of luck.

Situated within a similar environment, case managers were also challenged by the risk environment. Logistic challenges associated with prisons prevented the establishment of strong ties prior to release from prison and resulted in some men being lost without receiving any services. Challenges within this environment forced case managers to rely on emotional support as the major tactic for engagement in treatment. Finally, returns to prison disrupted progress towards goals for individuals and often resulted in goals not being met by the end of the nine-month time period. All of these forces combine to ultimately undermine this evidence-based intervention, CTI, which has been successful with similar populations leaving different types of institutions. While the institution, the prison, had some effect on the implementation of the intervention, the risk environment of Camden had a pervasive effect on the implementation and execution of case management services. These environmental or community-level factors need to be considered when implementing evidenced-based practices in to communities with high-risk production. Failure to do so could result in poor outcomes being attributed to the failure of the intervention rather than the failure to consider environmental or structural factors that undermine and lessen the effects of the intervention in certain environments.

Analysis of Risk Environment Impact on Interventions

Utilizing a risk environment framework for this analysis broadened the focus of community reentry from prison to include structural and environmental factors and showed how they interacted with the individual and interpersonal struggles within this particular environment. This analysis provided a more in-depth understanding of how the risk for reincarceration is produced in this environment through an examination of environmental factors that impede pro-social activities and push individuals towards their previous antisocial ways. It also provided insight in to how evidence-based interventions are affected by the environments in which they operate. In-depth interviews and qualitative analysis permitted a close examination of the environmental factors contributing to poor outcomes for individuals and the intervention.

The risk environment framework is a useful heuristic for identifying the structural aspects of risk in certain environments by calling attention to the physical, social, economic, and political influences at play. However, the distinction between physical, social, economic, and political

influences breaks down when examining real world phenomena that can occupy several categories simultaneously. For example in this study, all aspects of the risk environment influence housing issues: physically through lack of quality, safe affordable housing stock; socially through burdening families to accommodate one more person in to an all ready stretched and stressed household; economically through the inability to pay for housing; and politically through local policies that make it difficult to access the homeless shelter in Camden. Together these contribute to making housing a complicated situation for men leaving prison and plays a part in contributing to producing risk for reincarceration when men feel pressure to provide for families or are tempted by illegal activities common at the local homeless shelter. Table X includes these housing issues along with other factors of the risk environment categorized according to the primary influence and divided into levels, micro and macro. However, these issues don't fit so neatly into categories and fail to show how they combine in ways that produce risk for reincarceration.

Table 2. Risk Environment

Level	Influences			
	Physical	Social	Economic	Political
Micro	<ul style="list-style-type: none"> • Lack of affordable, safe housing • Life threatening situations • Avoiding certain areas 	<ul style="list-style-type: none"> • Reliance on family for tangible support • Dealing with emotions • Always moving 	<ul style="list-style-type: none"> • Lack of work experience and skills • Pressure to provide for family • Quicker, better money selling drugs 	<ul style="list-style-type: none"> • Fines/Warrants • Shelter policies • Loss of driver's license
Macro	<ul style="list-style-type: none"> • Hellhole of Camden (drugs/illegal activity) • Police scrutiny 	<ul style="list-style-type: none"> • Social networks based on drug or criminal activity • Getting caught in someone else's mess 	<ul style="list-style-type: none"> • Hiring practices excluding ex-cons • Recession • Unemployment 	<ul style="list-style-type: none"> • Excluded from entitlements • Invisible punishment • Federal policies prohibiting felons from residency

This type of analysis should be an important first step when planning implementation of evidence-based practices (EBP) in communities, particularly in high-risk communities. Identifying and understanding the structural and interpersonal aspects of a community and how they operate to produce risk for individuals prior to implementation will shed light on possible barriers to effective implementation and outcomes. Prior examination of the risk environment can inform decisions about which EBP may be best suited for this particular community, how an intervention could be adapted within this context, and what other parallel programs or interventions may also be implemented. For example, if this type of analysis had been conducted prior to the implementation of CTI in Camden County, program staff would have been aware of the barriers to funding and housing for men with drug convictions. Knowing this before starting the intervention could have resulted in additional planning for supports for men with drug convictions upon release. However, it is not pragmatic or practical to expect community agencies to undertake an in-depth qualitative analysis prior to implementing a new intervention. However, a risk environment analysis could become part of a community needs assessment if the approach was simplified. For example, simplifying and focusing the aspects of the risk environment could glean this information from key stakeholders either through focus groups or a few structured interviews. Building on the risk environment framework, I have developed three macro environments that zero in the potential ways that the environment produces risk.

Using the four influences of the risk environment (physical, social, economic, and political) in different combinations presents a better representation of the real world situations encountered by men leaving prison. This produced three macro environments that reflect the different risk influences in the environment and shows how they combine and interact to contribute to the production of risk for reincarceration for men with mental illnesses leaving prison. The *Legal/Policy Environment* is influenced by economic and political factors and includes many of the criminal justice policies that have economic implications and prevents men from reintegrating in the community upon release from prison. The *Resource/Economic Environment* is influenced by economic, social, and physical factors and reflects the way that this community provides few opportunities for economic stability that, in turn, heightens the

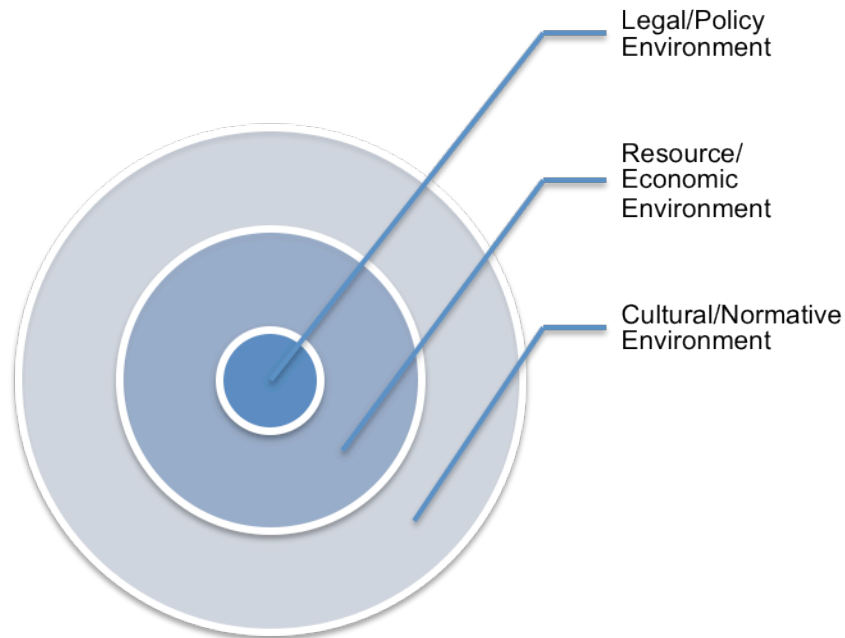
importance of family and other social relationships. The *Cultural/Normative Environment* is influenced by all four aspects of the risk environment framework and embodies the cultural norms and social aspects reflected in a community with few opportunities for legitimate work and many opportunities for criminal behavior (Figure 2). The three environments not only reflect the complexity of the risk environment, but also provide a way to examine risk factors across communities. There will be aspects of the risk environment that are unique to a particular locality, using these environments as guideposts will help identify the ways the risk environment operates in a particular community. For example, New Jersey is the only state that excludes individuals with drug convictions from receiving General Assistance benefits. However, other states have eliminated General Assistance benefits altogether which could also impact the financial situation of men leaving prison. However, elimination of GA does not target the formerly incarcerated in the same way that New Jersey's policy does, but perhaps there are other issues at play in states with no GA which would be uncovered through an examination of the Legal/Policy Environment. These macro environments which are subsets of and make up the larger risk environment helps the analytical process by providing a more logical and manageable framework for analysis, highlights the complex processes that occur to produce risk within specific communities, and will permit a comparative analysis across communities. Consideration of these macro environments and how they combine to produce risk will shed light on structural factors contributing to reincarceration for men leaving prison and how these macro environments may impact interventions implemented in this environment.

Legal/Policy Environment

The Legal/Policy Environment is where the political and economic influences of the risk environment intersect. This includes policies or laws at the local, state, or federal levels that also have an impact, primarily economic, on individuals. These factors contribute to a risk environment by making community reintegration difficult by blocking access to certain entitlements and resources based on one's criminal history. The blockage of these resources limits the opportunities for pro-social behaviors and has the effect of extending the punishment into the community. In addition, the blockage of access to resources through legitimate means, especially

during this critical period of transition from prison to the community, may heighten the risk of reincarceration by leaving criminal activities as the only avenue for financial stability. Individuals who cannot access entitlements or are barred from public housing due to their criminal history may see returning to criminal activities as the only avenue for financial support.

Figure 2. Macro Environments



Within this environment there are many ways that men were blocked from resources based on policies at the local and state level. Exclusion from General Assistance benefits based on a drug conviction was common and provided an obstacle in the initial days after release from prison for both individuals and case managers as they had to scramble to find other resources for housing and income. The provision of detainers and warrants also had an impact on releases from prison, but more importantly the sporadic nature of warrants issued for nonpayment of fines was very disruptive to men's progress on pro-social tasks such as accessing medical and psychiatric treatment, rebuilding relationships with families, and acquiring longer term financial stability either through work or Social Security applications. These policies disrupted the reentry process for many and heightened the tension between "changing ways" and returning to criminal

activity, forcing some to make the decision to return to crime feeling it was the only option to earn income.

The Legal/Policy environment also impacted the case managers and ultimately the intervention. Initially, case managers were not aware of the exclusion of General Assistance benefits due to drug convictions. This impeded their ability to acquire initial resources for individuals upon release from prison. The program had some funds to provide two-week housing assistance for those without any place to stay; however, this was only a stopgap measure and provided a short window for case managers to attempt to find other housing resources. Knowing about this benefit restriction prior to implementation of the intervention would have cued case managers about the need to develop alternate plans for individuals with drug convictions prior to release. In fact, later in the program case managers did develop alternative strategies for those with drug convictions. However, knowing about this before implementation could have highlighted the need to develop other housing resources from the start. It is difficult to tell if during the time it took for case managers and the intervention to adapt to this structural obstacle, how many men were lost to the team and returned to their criminal ways. Critical Time Intervention was developed to aid in the transition from homeless shelters to housing for persons with serious mental illnesses. Within this context, individuals do not leave the shelter until housing has been secured and General Assistance, Social Security, or other funding is in place. Barriers to accessing these resources will be encountered during the pre-CTI engagement phase; however, the nature of prison releases precludes this pre-CTI engagement phase as case manager access to prisons is limited and application for benefits cannot commence while men are still incarcerated.

The issuance of detainers upon release from prison and warrants post-release also posed problems for the intervention. Detainers and warrants would disrupt the co-constructed plans of men and case managers by either delaying a release from incarceration or removing men from the community. These interruptions derailed housing plans, access to medical and psychiatric treatment, and applications for Social Security benefits. Since CTI is a nine-month, time-limited intervention these disruptions curtailed case managers' ability to successfully link

men to community resources and monitor these connections. A universal criticism from both case managers and men was that the intervention was too short and more time was needed for successful linkages. Removals from the community coupled with the high needs of this population made nine months an insufficient amount of time to ensure that men were securely linked to community resources.

Resource/Economic Environment

The resource/economic environment includes the economic, social, and physical influences in the risk environment that operate to create barriers to accessing resources and creating and maintaining financial stability. It also includes the social influences in the risk environment that either alleviates or contributes to risk for reincarceration. This does not include official policies, but a focus on how economic influences interact with the social and physical influences. These influences intersect primarily around housing issues in this environment. Physically there is not a good supply of safe, affordable housing for individuals leaving prison and returning to this community, and men leaving prison rarely have the income to pay for housing. This situation obliges individuals to rely on family members or other social relationships for housing when leaving prison, burdens already strapped families, and occasionally reignites long-standing tensions amongst family members. These circumstances cause individuals to split their time among several households to diffuse financial and emotional conflicts, but add an element of transience to the reentry process when stability would be more desirable. Another aspect of the Resource/Economic Environment is the difficulties in obtaining and maintaining legitimate work. While there are no specific policies against hiring individuals with criminal histories, the recession and high unemployment rates in this community contributed to making this standard practice among many employers in southern New Jersey. Being unable to secure work or maintain a job prevents these men from obtaining economic security and makes the decision to refrain from criminal activity difficult to maintain.

The Resource/Economic Environment impacted the intervention by bringing to the foreground the importance of family and their often-limited resources, as the formal safety net was invisible to many of the men. CTI is designed to have case managers make linkages to

resources and then work to ensure these linkages are working for individuals. These linkages and relationship management take a different tone when dealing with family members as opposed to landlords or other social service providers. Family dynamics can be difficult to navigate and few case managers have the training or skill to intervene therapeutically. In addition to traversing family matters, case managers spent an inordinate amount of time assisting men in filling out job applications, attending job fairs, and applying for vocational training. Because the social safety net was limited for many of the men, finding employment was the only way of securing legitimate income. However, most men lacked a significant work history or employable job skills and now had a criminal record. Case managers did not have experience working with men with criminal histories and did not have links to employers or other resources geared to those who were formerly incarcerated. The lack of resources and living situations created by the Resource/Economic Environment forced case managers to develop family therapy and vocational assistance skills on the fly. Ideally, CTI case managers should have been able to link the men to housing or a vocational program focused on the formerly incarcerated; instead case managers spent time directly providing these services.

Cultural/Normative Environment

The cultural/normative environment encapsulates all four influences of the risk environment framework and represents the ways that these four categories combine in ways to create cultural norms and expectations that might seem unusual outside of this particular risk environment. For example, engaging in illegal activities such as purchasing stolen goods in an underground economy to selling drugs to support your family may not seem like bad choices in an environment where there are few opportunities to engage in legal, lucrative work. While men know these activities will likely result in arrests if they continue the behavior, some make the choice to return to crime as a temporary measure to get back on their feet. The challenge comes in maintaining this outlook rather than getting caught up in the street culture. Related to these increased opportunities for illegal activity is a corresponding heightened police scrutiny where men are concerned about walking down the street or going in to a corner store for fear of coming under the scrutiny of police. This environment also includes the social influences of friends,

girlfriends, and family members who may still be using drugs or engaging in illegal activity which often necessitates making the choice to avoid these people and embrace a more isolated social life. Men face these cultural and social norms when leaving prison and returning to Camden County and their community tenure rests on their ability to navigate these structural and social situations successfully.

Men dealt with this tension between “changing their ways” and the “lure of the streets” on a daily basis. The conviction to stay out of prison is strongest right after release, but declines with time especially as the experiences of reality are so harsh. As pro-social avenues for community reintegration are blocked or closed off completely, the accessible, criminal activities become more and more difficult to eschew. This strain exists in an environment where men have to be concerned about with whom they socialize, which streets they walk down, and which stores they patronize as they could draw the attention of the steady gaze of the police. In order to avoid the temptation of the street or become an unwitting participant in another’s illegal activities, men committed to “changing their ways” find tightening their social circles and limiting contact with others the safest bet. However, this isolation becomes lonely for many and reifies his thoughts that he is in this alone.

The Cultural/Normative Environment also impacted the case managers as evidenced by their interpersonal interactions with the men. They exhibited unconditional positive regard towards the men and gained the men’s trust through their actions. Men felt certain that case managers had their best interests in mind and that the work was more than just a job for them. The care and commitment exhibited by case managers made men obligated to be honest with workers about drug use relapses or criminal activities as men felt being honest was fulfilling their part of the relationship. Case management interventions like CTI often rely on the acquisition and provision of resources as a primary method of engagement with new clients. Acquiring housing or benefits for clients provides a foundation for a working relationship. Since CTI case managers often did not have access to housing or benefits, they relied on establishing and emotional connection with the men through a narrative of instilling hope and unconditional positive regard. This emotional connection in addition to a commitment to providing access to resources they could provide such

as obtaining identification, getting a voucher to purchase clothes upon release, and getting groceries from a food pantry made men feel that someone did care about their well being.

Discussion/Implications

This chapter explored the multiple ways that the risk environment posed challenges for men with mental illnesses leaving prison. Community reentry from prison is a critical transition and ripe for targeted intervention in order to improve outcomes. Not only does the risk environment pose a challenge for individuals, but it can also impinge on the interventions designed to help them. This broad view identifies community and structural factors increasing risk for substance use and criminal activity therefore increasing risk for reincarceration.

For these men leaving prison, the risk environment operated on many levels and in many environmental areas to pose risk for recidivism. Accessing resources and obtaining work is a barrier that prevents individuals from legitimately securing financial stability. Excluded from these pro-social ways of providing for oneself or one's family makes illegal activity, namely selling drugs the only seemingly viable way to make money. For those totally eschewing illegal activity, reliance on family or friends becomes the only viable option, but this option is also fraught with difficulties, especially when households are fragile financially and emotionally charged. Men can find themselves living with family members who do not want them there or who demand results such as jobs, which are hard to produce. This can contribute to a transitory nature that also increases the risk of reincarceration (LaVigne & Parthasarathy, 2005). Finally the system seems to be rigged for men leaving prison to fail. The combination of steep court fees and fines resulting in random warrants, an abundance of illegal activity, and heightened police scrutiny seems posed to keep entangling men into the criminal justice web. Even those aiming to stay straight are subject to its entrapment and those who stray for a moment are likely to get caught.

Case management operates on linking people to resources as one of its major tasks. The public assistance office is often the first stop when engaging new clients. This is an important step, not only in securing basic resources but also in the engagement process. The provision of help on the part of the case manager advances the working relationship between case manager and consumer. Accessing benefits is long-held engagement strategy in case management.

Providing practical assistance at the first meeting between consumer and helping professional increases the likelihood that the consumer will remain in treatment. That a segment of the population this intervention is designed to work with is excluded from this benefit created challenges for the team, especially in how to help and engage consumers with drug convictions.

For even those who were able to qualify for general assistance, the risk environment still posed challenges to case managers. Jobs were very difficult to acquire and maintain; housing was a major challenge, and criminal activity was a constant threat. Interventions that aim to enhance existing social supports rather than become them, which is what CTI operates on, may be particularly susceptible to certain environments and could possibly be undermined by them.

The most significant finding from this study is that the reentry process from prison for men with mental illnesses is similar to the reentry process for men without mental illnesses (Kenemore & Roldan, 2006; Nelson, Deess, & Allen, 1999). Reentry interventions for this population have singularly focused on linkage to mental health services without paying attention to corresponding environmental issues that produce risk for reincarceration. However, this study shows that the reentry process for men with mental illnesses is fraught with the same difficulties that men without mental illnesses face. Both groups face challenges in finding work, re-establishing connections with family, and avoiding further criminal activities. Both groups face continued discrimination and sanctions based on their criminal status. This study provides support for the claim that persons with mental illnesses involved in the criminal justice system face many of the same difficulties as those without mental illnesses (Draine, Salzer, Culhane, & Hadley, 2002).

This study also reflects recent research on the nature of desistance and the role of agency and structure on the ability of men to refrain from engaging in criminal activity (Farrall, Bottoms, & Shapland, 2010; King, 2012). Maruna (2001) defines desistance as “the long-term abstinence from crime among individuals who had previously engaged in persistent patterns of offending” with a focus “on the maintenance of crime-free behavior in the face of life’s obstacles and frustrations” (p. 26) rather than the individual’s decision to change. This focus on a process rather than decision-making allows an examination of the interplay of individual agency and social

context that occurs as men desist from criminal behavior. Indeed, this was reflected in the interviews with the men as most had made the decision to desist from criminal activities, but were often engaged in a daily struggle to remain committed to this decision as they faced obstacles around finding work and contributing financially to households. Social structures in society such as the labor market, criminal justice policies, and families and households and their changing roles in society can impact the desistance process for men (Farrell, Bottoms, & Shapland, 2010). In addition to these macro social structures, local elements of the risk environment such as hiring practices or homeless shelter practices also make up the social context that men have to negotiate post-release. As the social context presents complexity and uncertainty, which may constrain choices and opportunities for men trying to desist and assume new identities, they may enact an *iterational agency* (King, 2012) that relies on routine and habit and thus fall back into old ways of thinking and doing. Indeed as men encountered resistance in finding legitimate employment, some resumed previous criminal ways of earning income. Individual agency is perhaps a necessary first-step in the process of desistance; however, as recent research and this study shows structural forces can either facilitate or inhibit the desistance process for men. Understanding more fully this interplay between agency and structure will lead to future research projects, potential policy changes, and practice implications.

Policy Implications

This study shows that there are many structural factors affecting the release from prison that could be remedied through changes in policies. Case managers identified make it or break it issues in the first weeks post-release that either set men on a path towards avoiding future legal involvement or on a path back to jail or prison. Currently, many of the policies affecting men leaving prison have an anti-crime focus, which paradoxically only increases the risk of reoffending. A focus on developing pro-integration policies would benefit both individuals cycling in and out of prisons and jails and communities devastated by the perpetual churning of the criminal justice system. Many policies designed to be tough on crime work against men as they try to avoid criminal activity upon release from prison. Supporting men during this transition would help to reduce recidivism.

For example, coordination from jurisdictions in addressing outstanding warrants would benefit men as they ready to leave prison. This would ease some of the difficulties associated with detainers. Having the ability to dispose of outstanding warrants prior to release from prison would help to make the transition from prison smoother. As records become increasingly digital and automated, this task should be easy to address. At the very least, agencies or family members should receive notification when men are sent to another jurisdiction upon release from prison. Minimally, discharge papers and medications provided upon release should not be lost during this transfer.

Excluding individuals convicted of drug charges from accessing General Assistance benefits for felony offenses and mandating treatment for misdemeanor offenses makes sense when viewed under a “tough on drugs” lens; it makes little sense when viewed under a human dignity and rehabilitation lens. Many who had drug misdemeanor charges participated in substance use treatment while in prison, but this treatment is not counted when they are released meaning that have to attend another program upon release in order to be eligible for benefits. These policies are shortsighted as it leaves a return to criminal activity the seemingly only viable option for men who are denied these benefits. While NJ is the only current state to have this exclusion, many other states have eliminated General Assistance benefits altogether (Schott & Cho, 2011). The elimination of this safety net makes transitions from institutions difficult and only ensures that more individuals in dire need fall through the cracks. Reinstating and extending these temporary GA benefits for individuals leaving institutions would aid in the transition to the community and help men regain their footing especially at the crucial time when many want to avoid additional legal entanglements.

For men who qualified for benefits, housing was acquired fairly easily. However, for those who did not qualify for benefits, housing was problematic and men were forced to stay in a shelter that increased the risk of returning to criminal activity or find accommodations with family or friends, who may be financially and emotionally stressed by the man’s presence or may be engaged in illegal activities. Short-term transitional housing or a Housing First program targeting

persons recently released from prison would help the transition from prison during this make it or break it period.

Acquiring and maintaining work was a major obstacle towards community reintegration for many men in this study. A national recession combined with particularistic hiring practices made jobs scarce. Despite the recession, it is more difficult for men with a criminal record to be considered for a job, and even more so if he is also black (Pager, 2007). In addition many of the jobs available to men recently released from prison tend to be transitory and of low wage (Peck & Theodore, 2008). With the high numbers of individuals cycling in and out of prison and jail, it makes sense for states and local communities to legislate against discriminatory hiring practices and develop programs that incentivizes and protects employers who hire men and women formerly incarcerated (Pager, 2005).

These structural interventions will not come easily and without some cost; however, it is clear that these changes would help to ease the tide of recidivism facing New Jersey and other states. As states become increasingly concerned about the high cost of maintaining, running, and building more prisons, they have to get serious about making the transition from prison to the community easier. Supporting men as they are released from prison makes the most sense as case managers identify this a critical period when certain tasks must be achieved to avoid reincarceration and this is when the men have a high commitment to avoiding incarceration and are the most hopeful about their ability to do so.

Practice Implications

This study raises some interesting implications for practice with men with mental illnesses leaving prison for high-risk communities. The risk environment thwarted case manager's efforts and impinged on the intervention. While case managers did a good job of adapting to the environment, an initial evaluation of the environment may have helped them to have a more planned and thoughtful strategy for dealing with some of the environmental impediments. In addition to the barriers in the risk environment, working with a population leaving prison posed some additional challenges and barriers to service provision. The findings from this study provide

some opportunities for changes to practices with individuals with mental illnesses and leaving prison.

One major practice implication concerns engagement. Engagement is an important component of any clinical or therapeutic encounter and is central to establishing a good working relationship. Engagement is a process of building trust and rapport while also providing tangible help. In this study the engagement process was hindered in several ways. Logistically, it was difficult to get to prisons to make multiple contacts with the men prior to release. Also, the prisons created obstacles for case managers in trying to visit men while incarcerated. In the future, programs targeting the prison population should invest time and energy into establishing relationships with prison administration in order to gain access and begin the engagement process well before release. Once men were released, the risk environment posed challenges for case managers as they were prevented from accessing benefits, housing, or other services for individuals. Case managers were forced to rely on provision of emotional support rather than practical support for many men. Because this program embraced the philosophy of instilling hope as part of their work, they were well suited to providing emotional support and this resonated with the men. However, other programs without this philosophy will have been ill prepared to provide this same level of emotional support with the same level of genuineness. Programs and case managers providing services in high risk environments need to realize the importance of emotional support and develop the skills to engage in these practices. Without the case managers ability to raise men's hopes and be a source of emotional support, many more men would have become frustrated with their slow progress and would likely have dropped out of the program or returned to criminal activity.

Another implication for practice is the incorporation of a harm reduction approach. Harm reduction has primarily been used to reduce the risks associated with drug or alcohol use (Inciardi & Harrison, 2000). Since the clinical team primarily encouraged treatment when encountering substance use by the men, incorporating a harm reduction approach would provide another option to address this problem. In addition to using harm reduction in reducing risks associated with substance use, using a harm reduction approach to reduce the risks associated with criminal

behavior has the potential to help men avoid arrest and further entanglement with the criminal justice system. This study's risk environment lens lends itself to a risk environment orientation when evaluating risk for recidivism. As elements of the risk environment are identified for individual men, case managers can help them identify ways to reduce risk. Some men already engaged in harm reduction behaviors around criminal activity. For example, when men described wearing headphones while on public transportation or in certain parts of Camden in order to avoid interacting with anyone who could draw him in to criminal activity, or when men only went outside accompanied by family members, or when a man limits his time around his residence in Camden to avoid getting caught in someone else's mess, these are harm reduction strategies aimed at reducing men's risk for recidivism. Case managers could help strategize and problem solve around these issues, once they understand risks the environment poses for the men they with whom they work.

Research Implications

Effectiveness research, which aims to test treatment interventions in real-world settings, needs to pay special attention to the sociocultural context (Hohmann & Shear, 2002) in addition to the economic and political environment that may have unintended and unknown effects on interventions. This study shows that elements of the risk environment can impact individuals and interventions and possibly undermine outcomes. Intervention research often focuses on the mutability of individual level factors, but the physical, social, economic, or political environments can impede individuals' attempts to change. Additionally, environmental barriers can render interventions tested under the best of circumstances ineffective in certain high-risk environments.

In this study, not only did individuals encounter barriers in the environment that contributed to reincarceration, case managers attempting to link individuals to services encountered many barriers and had to develop new resources during the course of the study. These barriers undoubtedly interfered and undermined the effectiveness of the intervention and could cause one to conclude that CTI has no effect for men with mental illnesses leaving prison. However, it may not be that the intervention is ineffective, but that the effects of the risk environment undermined the intervention effects. Studies that do not account for potential

confounding variables in high-risk environments may produce small or no effect sizes for interventions that may have some value. This is especially true of interventions, like CTI, that seek to build on existing supports rather than be the major service provider. The conclusion may be that the intervention does not work, instead of accounting for the interference that high-risk environments may produce. This is especially true when well-tested and effective interventions are applied to new populations, like individuals involved in the criminal justice system. Having a criminal justice history produces barriers and limits access to benefits, housing, and work. Interventions designed for previously incarcerated individuals address these community-level or policy barriers.

Dissemination and implementation research highlights the importance of understanding organizational, financing, or staffing issues when disseminating evidenced based practices into new settings (Damschroder, Aron, Keith, Kirsh, Alexander, & Lowery, 2009), but there has been little attention to how lack of community resources or punitive public policies can limit the potency of tested interventions. As evidence based treatments (EBTs) are disseminated and implemented in diverse settings and applied to new populations, researchers need to be mindful of the local conditions. This is especially true for high-risk environments typical of many impoverished communities or with populations who may have the triple stigma (Hartwell, 2004) of mental illness, substance use, and criminal justice involvement. Prior to implementation a risk environment analysis needs to be conducted. This could be accomplished in a variety of ways; one would be to conduct a community needs assessment by interviewing or conducting focus groups with community stakeholders. The macro framework for the risk environment (Legal/Policy, Resource/Economic, and Culture/Normative) that I developed could be used to structure interviews and focus groups to help prompt input from stakeholders. This will help to get a lay of the land before planning and implementing an intervention. Depending on the potential complexity of the environment or the population, more or less intensive community assessments can be conducted.

Once potential barriers in the risk environment are identified, a working group of stakeholders can address these issues through advocating for changes in local policies and

practices or developing alternative strategies to minimize the potential impact of these barriers. This community level analysis could also draw on research methodologies from Participatory Action Research that includes the perspectives of those affected by the issues at hand (Baum, MacDougall, & Smith, 2006). This approach has been successful at addressing both community level policies and enacting change towards promoting health (Minkler, 2000). A small but growing research base has also shown promise at combining participatory action research methods with experimental designs, including randomized controlled trials (Jones, Koegel, & Wells, 2008). This blending of community action research and experimental design is well suited to improving interventions in high-risk communities with populations with many needs by both highlighting and addressing the potential confounding variables that may undermine interventions' effectiveness.

Attending to the risk environment calls for more mixed-methods approaches in dissemination and implementation research. In addition to evaluating the effectiveness of interventions, data should be collected prior to implementation about possible barriers in the risk environment and during implementation to uncover other potentially confounding factors in the environment that contribute to poor outcomes for individuals and undermine interventions. This could be accomplished by incorporating qualitative and quantitative data collection. For example, research assistants already trained in quantitative data collection could also be trained in qualitative interviewing and short qualitative interviews could be incorporated into routine data collection points. In addition, any potential barriers identified prior to implementation that could not be minimized through policy or practice changes should be operationalized and included in data collection. For example, knowing about the exclusion of General Assistance for men with drug convictions prior to implementation could have been addressed in two ways. One way would have been to try advocating for an exception to the rule for men diagnosed with a mental illness. However, if the policy could not be changed prior to implementation, then it would be important to identify participants in the study affected by this policy and evaluate if this exclusionary policy had an effect on outcomes for participants.

As evidence based treatments are disseminated widely, adapted to different settings, and applied to new populations, there are more opportunities for their effectiveness to be undermined

by the noise of real-world settings. By not accurately evaluating and addressing these potential interferences, we will continue to implement interventions that only work marginally. Much time, money, and energy is spent developing these gold standard interventions, but this work can be for naught by not addressing local conditions during dissemination and implementation. Creative use of methodologies like action research and experimental design along with multiple methods of data collection can help to highlight effective practice and environmental barriers for interventions implemented in complex contexts with multiple need populations.

This study depicted the risk environment for men with mental illnesses leaving prison and returning to Camden County. A working model showing the elements of the risk environment, how they combine to produce risk for reincarceration, and the effects of the risk environment on individuals has been developed. One limitation of the study is that the viewpoints represented here are of the men who were actively participating in the research study and engaged in services if in the experimental condition. While I did speak to men who were not pleased with the CTI intervention, I did not speak to men who had dropped out completely or were “lost to follow-up”. However, the findings here represent men who were engaged in the process and at least minimally committed to making changes in their lives. While the men who were lost to follow-up self-selected out of the process are not represented here, their viewpoints are not any less important. Future studies could attempt to engage this group more fully in to the research process so they views are represented also. While the findings of this study may be particularistic to this specific environment, it is hopeful that the findings will be transferable to similarly situated individuals and communities.

BIBLIOGRAPHY

- Abramson, M.F. (1972). The criminalization of mentally disordered behavior: Possible side-effects of a new mental health law. *Hospital & Community Psychiatry*, 23 (4), 101-105.
- Alexander, M. (2010). *The new Jim Crow: Mass incarceration in an age of colorblindness*. New York, NY: The New Press.
- Allard, S. (2009). Rethinking the safety net: Gaps and instability in help for the working poor. *Focus*, 26, 27-32.
- Angell, B. (2003). Contexts of social relationship development among assertive community treatment clients. *Mental Health Services Research*, 5, 13-25.
- Bachman, S. S., Brainoni, M., & Tobias, C. (2004). Medicaid managed care, substance abuse treatment, and people with disabilities: Review of the literature. *Health and Social Work*, 29, 189-196.
- Baillargeon, J., Williams, B. A., Mellow, J., Harzke, A. J., Hoge, S. K., Baillargeon, G., & Greifinger, R. B. (2009). Parole revocation among prison inmates with psychiatric and substance use disorders. *Psychiatric Services*, 60, 1516-1521.
- Baum, F., MacDougall, C., & Smith, D. (2006). Participatory action research. *Journal of Epidemiology & Community Health*, 60, 854-857.
- Binswager, I. A., Stern, M. F., Deyo, R. A., Heagerty, P. J., Cheadle, A., Elmore, J. G., et al. (2007). Release from prison: A high risk from death for former inmates. *The New England Journal of Medicine*, 356, 157-165.
- Blank Wilson, A., Draine, J., Hadley, T. & Metraux, S. (2011). The role of mental illness and substance abuse in explaining jail recidivism. *International Journal of Law and Psychiatry*, 34, 264-268.
- Blank Wilson, A., Draine, J., Barranger, S., Hadley, T., & Evans, A. (2013, online first). Examining the impact of mental illness and substance use on time until re-incarceration in a county jail. *Administration and Policy in Mental Health and Mental Health Services Research*. 10.1007/s10488-013-0467-7

- Buckley, P. F. (2006). Prevalence and consequences of the dual diagnosis of substance abuse and severe mental illness. *Journal of Clinical Psychiatry*, 67, 7, s5-s9.
- Carpiano, R. M. (2009). Come take a walk with me: The "go-along" interview as a novel method for studying the implications of place for health and well-being. *Health & Place*, 15, 263-272.
- Case, B., Steadman, H. J., Dupuis, S. A., & Morris, L. S. (2009). Who succeeds in jail diversion programs for persons with mental illness? A multi-site study, *Behavioral Science & the Law*, 27, 661-674.
- Chandler, D. W., & Spicer G. (2006). Integrated treatment for jail recidivists with co-occurring psychiatric and substance use disorders. *Community Mental Health Journal*, 42, 405-425.
- Charmaz K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis*. New York, NY: Sage.
- Chesney-Lind, M. & Mauer, M. (Eds.). (2003). *Invisible punishment: The collateral consequences of mass imprisonment*. New York, NY: The New Press.
- Clarke, G. J. (1979). In defense of deinstitutionalization. *Health and Society*, 57, 461-479.
- Clear, T. R., Rose, D. R., Waring, E., & Scully, K. (2003). Coercive mobility and crime: A preliminary examination of concentrated incarceration and social disorganization. *Justice Quarterly*, 20, 33-65.
- Cloyes, K. G., Wong, B., Latimer, S., & Abarca, J. (2010). Time to prison return for offenders with serious mental illness released from prison: A survival analysis. *Criminal Justice and Behavior*, 37(2), 175-187.
- Damschroder, L. J., Aron, D. C., Keith, R. E., Kirsh, S. R., Alexander, J. A., & Lowery, J. C. (2009). Fostering implementation of health services research findings into practice: A consolidated framework for advancing implementation science. *Implementation Science*, 4, 50. 10.1186/1748-5908-4-50.
- Dear, M. J., & Wolch, J. R. (1987). *Landscapes of despair: From deinstitutionalization to homelessness*. Princeton, NJ: Princeton University Press.

- Draine, J., Blank Wilson, A., & Pogorzelski, W. (2007). Limitations and potential in current research on services for people with mental illness in the criminal justice system. *Journal of Offender Rehabilitation*, 45(3/4), 159-177.
- Draine, J. N. & Herman, D. B. (2007). Critical Time Intervention for reentry from prison for persons with mental illness. *Psychiatric Services*, 58, 1577-1581.
- Draine, J., Salzer, M. S., Culhane, D. P., & Hadley, T. R. (2002). Role of social disadvantage in crime, joblessness, and homelessness among persons with serious mental illness, *Psychiatric Services*, 53, 565-573.
- Drake, R. E., & Wallach, M. A. (2000). Dual diagnosis: 15 years of progress. *Psychiatric Services*, 51, 1126-1129.
- Epperson, M., Wolff, N., Morgan, R., Fisher, W., Frueh, B. C., & Huening, J. (2011). *The next generation of behavioral health and criminal justice interventions: Improving outcomes by improving interventions*. New Brunswick, NJ: Center for Behavioral Health Services & Criminal Justice Research, Rutgers, the State University of New Jersey. Retrieved from the Center for Behavioral Health Services & Criminal Justice Research website: http://www.cbhs-cjr.rutgers.edu/pdfs/The_next_generation_Monograph_Sept_2011.pdf
- Farrall, S., Bottoms, A., & Shapland, J. (2010). Social structures and desistance from crime. *European Journal of Criminology*, 7, 546-570.
- Federal Reserve Economic Data (2013). *Unemployment rate in Camden county New Jersey*. Federal Reserve Bank of St. Louis: U. S. Department of Labor: Bureau of Labor Statistics. Retrieved from Federal Reserve Bank of St. Louis website: <http://research.stlouisfed.org/fred2/>
- Frank, R. G., & Glied, S. (2006). *Mental health policy in the United States since 1950: Better but not well*. Baltimore: Johns Hopkins University Press.
- Gallagher, L.J., Uccello, C. E., Pierce, A. B., & Reidy, E. B. (1999). *State general assistance programs 1998*. Assessing the New Federalism, The Urban Institute: Washington, D. C.
- Gendreau, P., Little, T., & Goggin, C. (1996). A meta-analysis of the predictors of adult offender recidivism: What works. *Criminology*, 34, 575-607.

- Goffman, A. (2009). On the run: Wanted men in a Philadelphia ghetto. *American Sociological Review*, 74, 339-357.
- Gottschalk, M. (2006). *The prison and the gallows: The politics of mass incarceration in America*. Cambridge, MA: Cambridge University Press.
- Gronfein, W. (1985). Incentives and intention in mental health policy: A comparison of the Medicaid and community mental health programs. *Journal of Health and Social Behavior*, 26, 192-206.
- Hartwell, S. (2004). Triple stigma: Persons with mental illness and substance abuse problems in the criminal justice system. *Criminal Justice Policy Review*, 15, 84-99.
- Hawkins, R. L., & Abrams, C. (2007). Disappearing acts: The social networks of formerly homeless individuals with co-occurring disorders. *Social Science and Medicine*, 65, 2031-2042.
- Herman, D., Opler, L., Felix, A., Valencia, E., Wyatt, R. J., & Susser, E. (2000). A critical time intervention with mentally ill homeless men: Impact on psychiatric symptoms. *Journal of Nervous and Mental Disease*, 188, 135-140.
- Hirsch, D. (2009, November 4). Report ranks Camden most dangerous U.S. city. The Courier Post. Retrieved from <http://www.courierpostonline.com>
- Hohmann, A. A. & Shear, M. K. (2002). Community-based intervention research: Coping with the “noise” of real life in study design. *American Journal of Psychiatry*, 159, 201-207.
- Hopper, K., Jost, J., Hay, T., Welber, S., & Haugland, G. (1997). Homelessness, severe mental illness, and the institutional circuit. *Psychiatric Services* 48, 659-665.
- Inciardi, J. A. & Harrison, L. D. (2000). *Harm reduction: National and international perspectives*. New York, NY: Sage.
- James, D. J. (2004). *Profile of jail inmates, 2002* (NCJ201932). Retrieved from Bureau of Justice Statistics website: <http://bjs.ojp.usdoj.gov/index.cfm?ty=pbdetail&iid=1118>
- James, D. J. & Glaze, L. E. (2006). *Mental health problems of prison and jail inmates* (NCJ 2136000). Retrieved from Bureau of Justice Statistics website: <http://www.bjs.gov/index.cfm?ty=pbdetail&iid=789>

- Jones, L., Koegel, P., & Wells, K. (2008). Bringing experimental design to community-participatory research. In Minkler, M. & Wallerstein, N. (Eds.). *Community-based participatory research for health*. New York, NY: Jossey-Bass, Wiley and Sons.
- Kenemore, T. K. & Roldan, I. (2006). Staying straight: Lessons from ex-offenders. *Clinical Social Work Journal*, 34, 5-21.
- King, S. (2012). Transformative agency and desistance from crime. *Criminology & Criminal Justice*, 317-335.
- Lamb, H. R., Weinberger, L. E., & Gross, B. H. (2004). Mentally ill persons in the criminal justice system: Some perspectives. *Psychiatric Quarterly*, 75, 107-126.
- Lamb, H. R. & Weinberger, L. E. (2005). The shift of psychiatric inpatient care from hospitals to jails and prisons. *Journal of American Academy of Psychiatry and Law*, 33, 529-534.
- Langan, P. A. & Levin, D. J. (2002). *Recidivism of prisoners released in 1994* (NCJ 193427). Retrieved from Bureau of Justice Statistics website:
<http://bjs.ojp.usdoj.gov/index.cfm?ty=pbdetail&iid=1134>
- La Vigne, N. & Parthasarathy, B. (2005). *Prisoner reentry and residential mobility*. Washington DC: Justice Policy Center, Urban Institute. Retrieved from Urban Institute website:
http://www.urban.org/UploadedPDF/311213_residential_mobility.pdf
- Legal Action Center (2004). *Safe at home: A reference guide for public housing officials on the federal housing laws regarding admission and eviction standards for people with criminal histories*. Retrieved from Legal Action website:
http://lac.org/doc_library/lac/publications/Safe@Home.pdf
- Link, B. G. & Phelan, J. (1995). Social conditions as fundamental cause of disease. *Journal of Health and Social Behavior*, 35, 80-94.
- Loveland, D., & Boyle, P. (2007). Intensive case management as a jail diversion program for people with a serious mental illness. *International Journal of Offender Therapy And Comparative Criminology*, 51, 130-150.

- Lovell, D., Gagliardi, G. J., & Peterson, P. D. (2002). Recidivism and use of services among persons with mental illness after release from prison. *Psychiatric Services*, 53, 1290-1296.
- Martin, M. S., Dorken, S. K., Wamboldt, A. D., & Wootten, S. E. (2011). Stopping the revolving door: A meta-analysis on the effectiveness of interventions for criminally involved individuals with major mental disorders. *Law & Human Behavior*. Advance online publication. doi: 10.1077/s10979-011-9274-4
- Martinez, D. J. & Christian, J. (2009). The familial relationships of former prisoners: Examining the link between residence and informal support mechanisms. *Journal of Contemporary Ethnography*, 38, 201-224.
- Maruna, S. (2001). *Making good: How ex-convicts reform and rebuild their lives*. Washington, D. C., American Psychological Association.
- McCoy, M. L., Roberts, D. L., Hanrahan, P., Clay, R., & Luchins, D.J. (2004). Jail linkage assertive community treatment services for individuals with mental illnesses. *Psychiatric Rehabilitation Journal*, 27, 243-250.
- Mechanic, D. & Rochefort, D. A. (1990). Deinstitutionalization: An appraisal of reform. *Annual Review of Sociology*, 16, 301-327.
- Metraux, S., Caplan, J. M., Klugman, D., & Hadley, T. R. (2007). Assessing residential segregation among Medicaid recipients with psychiatric disability in Philadelphia. *Journal of Community Psychology*, 35 (2), 239-255.
- Metraux, S. & Culhane, D. (2004). Homeless shelter use and reincarceration following prison release. *Criminology and Public Health*, 3, 139-151.
- Metraux, S., & Culhane, D. P. (2006). Recent incarceration history among a sheltered homeless population. *Crime and Delinquency*, 59, 504-517.
- Metraux, S. Roman, C.G., & Cho, R. S. (2008). Incarceration and homelessness in Dennis, D., Locke, G., & Khadduri, J. eds. *Toward understanding homelessness: The 2007 National Symposium on Homelessness Research*. Washington DC: US Department of Housing and Urban Development.

- Miles, M. B. & Huberman, A. M. (1994). *Qualitative data analysis*. Sage: Thousand Oaks, CA.
- Minkler, M. (2000). Using participatory action research to build healthy communities. *Public Health Reports*, 115, 191-197.
- Morgan, R. D., Flora, D. B., Kroner, D. G., Mills, J. F., Varghese, F., & Steffan, J. S. (2011). Treating offenders with mental illness: A research synthesis. *Law & Human Behavior*. Advance online publication. doi: 10.1007/s10979-011-9271-7
- Morrissey, J., Meyer, P., Cuddeback, G. (2007). Extending assertive community treatment to criminal justice settings: Origins, current evidence, and future directions. *Community Mental Health Journal*, 43, 527-544.
- National Leadership Forum on Behavioral Health/Criminal Justice Services (2009). *Ending an American tragedy: Addressing the needs of justice-involved people with mental illness and co-occurring disorders*. Retrieved from Substance Abuse and Mental Health Services Administration: <http://gainscenter.samhsa.gov/pdfs/nlf/AmericanTragedy.pdf>
- Nelson, M., Deess, P., & Allen, C. (1999). The first month out: Post-incarceration experiences in New York City, *Vera Institute of Justice*.
- New Jersey Department of Labor and Workforce Development. (2013). *Annual data: Total labor force, employed, unemployed, and unemployment rate municipal estimates*. Retrieved from New Jersey Department of Labor and Workforce Development website: http://lwd.dol.state.nj.us/labor/lpa/employ/uirate/lfest_index.html
- Oktay, J. S. (2012). *Grounded Theory*. New York, NY: Oxford University Press.
- Padgett D. (2008). *Qualitative methods in social work research*. New York, NY: Sage.
- Pager, D. (2005). Evidence-based policy for successful prisoner reentry. *Criminology and Public Policy*, 5, 505-514.
- Pager, D. (2007). *Marked: Race, crime, and finding work in an era of mass incarceration*. Chicago, IL: University of Chicago Press.
- Peck, J. & Theodore, N. (2008). Carceral Chicago: Making the ex-offender employability crisis. *International Journal of Urban and Regional Research*, 32, 2, 251-281.
- Patton, M. Q. (2002). *Qualitative research & evaluation methods*. Thousand Oaks, CA: Sage.

- Pettus-Davis, C., Scheyett, A. M., Hailey, D., Golin, C., & Wohl, D. (2009). From the “streets” to “normal life”: Assessing the role of social support in release planning for HIV-positive and substance-involved prisoners. *Journal of Offender Rehabilitation*, 48 (5), 367-387.
- Pew Center on the States (2011). *State of recidivism: The revolving door of America’s prisons*. Retrieved from Pew Center on the States website:
http://www.pewcenteronthestates.org/uploadedFiles/Pew_State_of_Recidivism.pdf
- Phelen, J. C., Link, B. G., & Tehranifar, P. (2010). Social conditions as fundamental causes of health outcomes: Theory, evidence, and policy implications. *Journal of Health and Social Behavior*, 51(S), S28-S40
- Prins, S. (2011). Does transinstitutionalization explain the overrepresentation of people with serious mental illnesses in the criminal justice system? *Community Mental Health Journal*. Advance online publication. doi: 10.1007/s10597-011-9240-y
- Pogorzelski, W., Wolff, N., Pan, K., & Blitz, C. L. (2005). Behavioral health problems, exoffender reentry policies, and the “second chance act”. *American Journal of Public Health*, 95, 1718-1724.
- Rhodes, T. & Simic, M. (2005). Transition and the HIV risk environment. *British Medical Journal*, 331, 220-223.
- Rhodes, T., Singer, M., Bourgois, P., Friedman, S. R., & Stratthdee, S. A. (2005). The social structural production of HIV risk among injecting drug users. *Social Science and Medicine*, 261, 1026-1044.
- Richie, B. E., Freudenberg, N., & Page, J. (2001). Reintegrating women leaving jail into urban communities: A description of a model program. *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, 78, 290-303.
- Rivas-Vazquez, R. A., Sarria, M., Rey, Rivas-Vazquez, A. A., Rodriguez, J., & Jardon, M. E. (2009). A relationship-based care model for jail diversion. *Psychiatric Services*, 60, 766-771.
- Rock, M. (2001). Emerging issues with mentally ill offenders: causes and social consequences. *Administration and Policy in Mental health*, 28(3), 165-180.

- Schott, L., & Cho, C. (2011). *General assistance programs: Safety net weakening despite increased need*. Center on Budget and Policy Priorities: Washington, D. C.
- Skeem, J. L., Manchak, S., & Peterson, J. K. (2011). Correctional policy for offenders with mental illness: Creating a new paradigm for recidivism reduction. *Law and Human Behavior*, 35, 110-126.
- Smith, R. J., Jennings, J. L., & Cimino, A. (2010). Forensic continuum of care with Assertive Community Treatment (ACT) for persons recovering from co-occurring disabilities: Long-term outcomes. *Psychiatric Rehabilitation Journal*, 33, 207-218.
- Solomon, P. & Draine, J. N. (1995). Issues in serving the forensic client. *Social Work*, 40, 25-34.
- Steadman, H. J., Osher, F. C., Robbins, P. C., Case, B., & Samuels, S. 2009. The prevalence of serious mental illness among jail inmates. *Psychiatric Services*, 60, 761-765.
- Strauss, A. L. (1987). *Qualitative analysis for social scientists*. Cambridge, MA: University Press.
- Strauss, A. L., Corbin, J. M. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory*. New York, NY: Sage.
- Susser, E., Valencia, E., Conover, S., Felix, A., Tsai, W. Y., & Wyatt, R. J. (1997). Preventing recurrent homelessness among mentally ill men: A "critical time" intervention after discharge from a shelter. *American Journal of Public Health*, 87(2), 256-262.
- Swartz, J. A., & Lurigio, A. J. (2007). Serious mental illness and arrest: The generalized mediating effects of substance use. *Crime and Delinquency*, 53, 581-604.
- Teplin, L. A. (1990). The prevalence of severe mental disorder among male urban jail detainees: Comparison with the epidemiologic catchment area program. *American Journal of Public Health*, 80, 663-669.
- Theurer, G. and Lovell, D. (2008). Recidivism of offenders with mental illness released from prison to an intensive community treatment program. *Journal of Offender Rehabilitation*, 47, 385-406.
- Torrey, E. F. (1997). *Out of the shadows: Confronting America's mental illness crisis*. New York, NY: Wiley.

- United States Census Bureau. (2013). *State and county quickfacts*. Retrieved from <http://quickfacts.census.gov/qfd/states/34/34007.html>
- Van Olphen, J. & Freudenberg, N. (2004). Harlem service providers' perceptions of the impact of municipal policies on their clients with substance abuse problems. *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, 81, 222-231.
- Venkatesh, S. (2006). *Off the books: The underground economy of the urban poor*. First Cambridge, MA: Harvard University Press.
- Vogel, W. M., Noether, C. D. and Steadman, H. J. (2007). Preparing communities for re-entry of offenders with mental illness. *Journal of Offender Rehabilitation*, 45(1), 167-188.
- Weisman, R. L., Lamberti, J. S., & Price, N. (2004). Integrating criminal justice, community healthcare, and support services for adults with severe mental disorders. *Psychiatric Quarterly*, 75(1), 71-85.
- Western, B. (2006). *Punishment and inequality in America*. New York, NY: Russell Sage Foundation.
- Yin, R. K. (2008). *Case study research: Design and methods*. New York, NY: Sage.